22nd Annual Indy Hematology Review™

Saturday, March 8, 2025

JOURNAL OF INDY HEMATOLOGY REVIEW 2025

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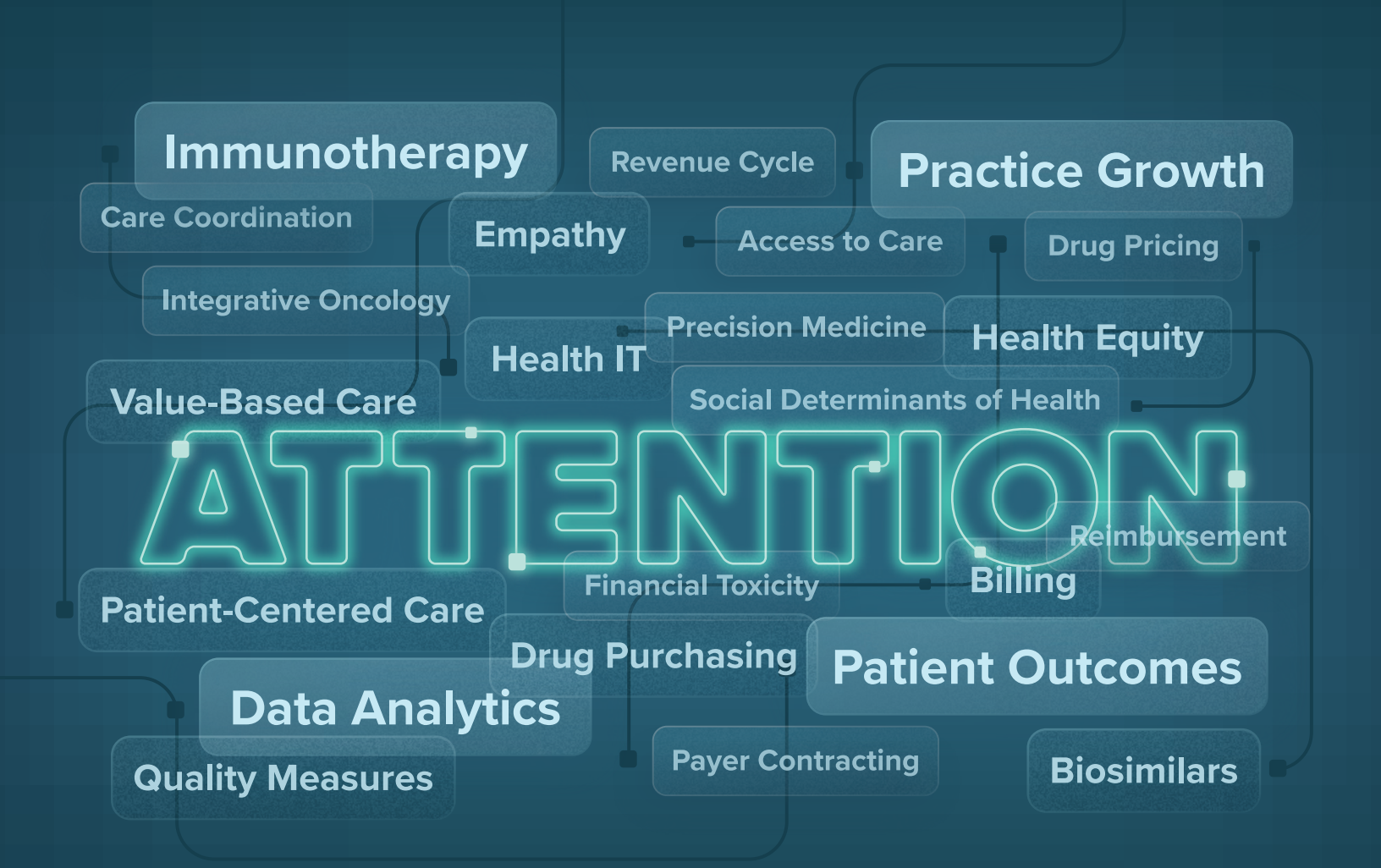

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Presentation Slides

Faculty Presentation slides (as permitted by each faculty member) are available at:
www.indyhematologyreview.com/2025-presentations

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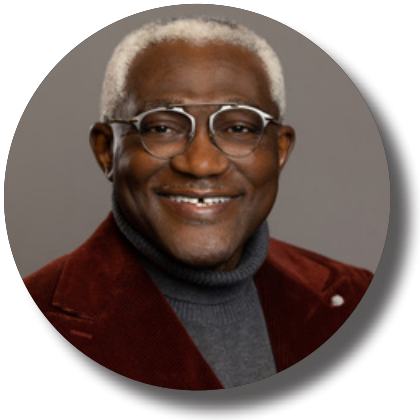
CHAIRMAN'S LETTER



"ALL HANDS-ON DECK"

This year in Indianapolis we are proud to continue to provide the very best medical education available anywhere in the world, thanks to our wonderful faculty and amazing attendees.

However, as I ponder the subject matter of my letter this year, I am increasingly drawn to address the concept of "clinical trial excellence," which we define as clinical trials that are representative of the target population being studied, with results that are generalizable to that population. Targetable and generalizable clinical data have unique implications including but not limited to identifying unique outcomes or adverse effects for certain populations within the clinician's purview. These differences could be due to ancestry, ethnicity, race, gender, place of residence (rural versus urban), or social determinants of health (SDOH). Understanding these potential differences can help direct further efforts to understand the disease state, therapeutic options, and targeting of scarce healthcare resources more appropriately. Last December at the annual American Society Hematology Conference a plenary paper was published on the effects of SDOH on access to allogeneic stem cell transplantation among leukemia patients in the United States presented by Dr. Wuliji et al. The study demonstrated that among the statistically significant factors that negatively impacted access were households receiving Social Security Income (SSI), less than a high school education, households below the poverty level, and households receiving Supplemental Nutrition Assistance Program (SNAP). While these findings may be viewed by some, as self-evident, I believe the study provides actionable scientific evidence for healthcare funders and planners on potential next steps to improve access to these treatments. Additionally, this study was conducted in 86% of Whites and only in English proficient speakers, further illustrating the fact that disparities in clinical practice are not only between races but are borne by all persons who are disproportionately disadvantaged.

Therefore, representative clinical research is not a zero-sum game; it in no way suggests that one group should be denied enrollment in clinical trials for the improved accrual of another group, but rather all persons wishing to participate in clinical trials should be enrolled into clinical trials, but data generated would be generalizable when people representative of the treatment group are enrolled. This is possible because currently only about 5% of the required participants are enrolling in clinical trials, and as result most of the studies sponsored by pharmaceutical companies are performed outside the United States (US) to meet the accrual goals. Therefore, the question remains as to how applicable these data are

to Americans. What are the implications of data generated outside or in the US without robust representativeness? Could genetic polymorphisms be driven by ancestral origins? Could there be gut microbiome differences driven by unique diets, such as the American diet versus the European or Asian diet, or the rural farm-based diet versus the urban fast-food diet?

We have many questions, but so few answers because of the paucity of data; however, these are important questions that are as critical as the hazard ratios and p-values that we would celebrate today as evidence of ongoing improvements in clinical outcomes for the patients that we all care about.

What is our responsibility? We can all put our hands on deck and pull the oars and devise a plan for representative clinical trials at our institutions and practices, our major medical societies (AMA, ASH, ASCO, EHA, ESMO etc.), medical journals, and regulatory agencies adopting the reporting of data for representativeness (DRIVE SCORE) for easier clinician understanding, visibility, and decision-making. This requires all of us to move as a team and in unison, and we should add our voices and signatures to the "DECLARATION OF MAUI" (https://www.indyhematologyreview.com/drive/) supporting the principles of representative research.

Finally, I would like to close by acknowledging the passing away of my mentor, friend and colleague, the eminent founder and president emeritus of Hematology Oncology of Indiana, Dr Truman Howard Lee who we will continue to cherish with the annual keynote lecture and the attendance of this year's meeting of Mrs. Karen Coutre as we continue to celebrate the life of her beloved husband and our dedicated friend Dr. Steve Coutre for his invaluable contribution to our conference and medical community.

Thank you and see you again next year!
Ruemu Ejedafeta Birhiray, MD

D.R.I.V.E. INITIATIVE AGENDA

FRIDAY, MARCH 7, 2025

Capitol 2 (1st Floor)

6:30 AM – 7:00 AM	Continental Breakfast
7:00 AM – 7:10 AM	DRIVE 2.0: Walking the Path for UTOPIA: Addressing Cancer Clinical Trial Excellence | **Ruemu Birhiray, MD**
7:10 AM – 7:25 AM	Dismantling Structures of Injustice in Clinical Trial Participation: Duffy Null Phenotype and Ranking Trial Generalizability | **Andrew Hantel, MD**
7:25 AM - 7:40 AM	Rank Score: Practical Applications and Utility of the DRIVE Rank Calculator in Clinical Trial Development | **Maya Birhiray, MS, BS and Samuel Ranger, MS, BS**
7:40 AM – 7:55 AM	How Trial Diversity Matters: Discovering and Applying Race as Factor in Breast Cancer Management | **Bryan Schneider, MD**
7:55 AM – 8:10 AM	How We Do It: Generating and Executing an Individual Plan to Achieve Clinical Excellence in Trials | **Karen Winkfield, MD, PhD**
8:10 AM – 8:25 AM	Q/A and PANEL DISCUSSION & Break
8:25 AM – 8:40 AM	Biology is Not Black or White: Recognizing, and Addressing Clinical Trial Representativeness to Achieve Clinical Trial Excellence | **Matthew Lunning, DO, FACP**
8:40 AM – 8:55 AM	Do Not Cut and Paste: Improving Clinical Trial Representation with Biologically Determined Eligibility Criteria | **Christopher Flowers, MD, MS, FASCO**
8:55 AM – 9:10 AM	Q/A and PANEL DISCUSSION & Break
9:10 AM – 9:30 AM	Improvements in the Translation of Statistics, Thereby Achieving Increased Clinical Trial Participation | **Bruce Craig, PhD**
9:30 AM – 9:50 AM	Our Common Alliance with the US FDA to Achieve Clinical Trial Excellence in Cancer Studies | **Ruemu Birhiray, MD**
9:50 AM – 10:10 AM	Next Steps: Leveraging ASCO for Representative Clinical Trial Research in Oncology | **Carmen Guerra, MD, MSCE, FACP**
10:10 AM – 10:30 AM	Vox Medica: The Utility of Data Transparency of Trial Results in Medical Journals for the Clinician | **Narjust Florez, MD, FASCO**
10:30 AM – 10:45 AM	Walking Across the Aisle: Why and How PHARMA can Promote increased Clinical Trial Representativeness | **Shalini Hede, PharmD**
10:45 AM – 11:00 AM	Advancing Representation in Oncology: Approaches to Ensure Diversity in Clinical Research | **Joseph Unger, PhD, MS**
11:00 AM – 11:15 AM	Q/A AND PANEL DISCUSSION & Break
11:15 AM – 11:35 AM	Molecular Diagnostics and the Future of Cancer Care | **George Sledge Jr., MD**
11:35 AM – 11:50 AM	Patient-Centered Approaches to Engage Communities: Rural Populations | **Electra Paskett, PhD, FACE**
11:50 AM – 12:10 PM	Medical Education as a Tool to Increase Representativeness in Clinical Research | **Sacha Sharp, PhD**
12:10 PM – 12:25 PM	Q/A AND PANEL DISCUSSION & Break
12:25 PM – 12:55 PM	Open Discussion on Strategies Moving Forward
12:55 PM – 1:00 PM	Closing Remarks and Thank You | **Ruemu Birhiray, MD**
1:00 PM – 1:30 PM	Luncheon

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INDY HEMATOLOGY EDUCATION

DECLARATION OF MAUI

Principles for Promoting Excellence in Clinical Trials: Focus on Lymphoma and Multiple Myeloma Clinical Research

Recommendations Proposed for Adoption at the DRIVE Lymphoma and Myeloma Investigators Summit at the Pan-Pacific Lymphoma Conference, Maui, HI

July 2024

Executive Summary

Significant improvements have been documented in the treatment outcomes of patients with lymphoma and multiple myeloma. However, survival outcomes for women and underrepresented racial/ethnic groups remain consistently lower than for men or non-minorities, despite both institutional and national efforts to standardize outcomes for all patients [1, 2, 3, 4]. There is an urgent need for equitable representation for clinical trials in lymphoma and multiple myeloma, and research shows that underrepresentation of the populations in need continues [5, 6]. Underrepresentation of certain populations undermines the external validity of clinical trials. If a study's population is not a representative sample of the patient's being treated, this can reduce confidence that the treatment is safe and effective for all patients. External validity relies on two critical principles: generalizability, and transportability [7]. Generalizability refers to the ability to make an inference on the average treatment effect from a possibly biased sample of the target population back to the full target population. Transportability refers to being able to make an inference of the treatment effect for a target population when the study sample and the target population do not overlap. Excellence in clinical trial data can be achieved when these two principles are prioritized. Some laws and guidance, such as the FDA Omnibus Act (FDORA) of 2022 and the AACR/FDA guidelines of 2021, aim to address these inequities [8, 9]. However, gaps still exist within this guidance, particularly around inclusive participation, stakeholder roles, and consequences for non-compliance. This is particularly important in diseases like lymphoma and multiple myeloma where historically, certain populations have been both underrepresented and have a higher disease incidence.

Consequently, the non-profit organization Indy Hematology Education (IHE) has convened an international group of experts at the 2024 Pan Pacific Lymphoma Conference in Maui, Hawaii for a meeting called the DRIVE Lymphoma and Myeloma Investigators Summit. With the purpose to reach consensus on affirming existing guidance and recommendations to promote excellence in clinical trials. To facilitate this consensus, the IHE developed the Declaration of Maui that outlines recommendations for promoting generalizability and transportability in lymphoma and myeloma clinical research. These recommendation guidelines were influenced by previously published research from Birhiray (2023), Gormley et al. (2021), and Harkins et al. (2022) [9, 10, 11]. Signatories of this declaration believe that clinical researchers should enact principles and policies that enhance access to and participation in clinical trials for underrepresented groups. The Declaration of Maui is intended to be a living document, debated, and adopted by all involved to foster excellence in clinical research. Since tailored strategies are often the most effective at addressing challenges in equity and inclusion, these recommendations are not all-inclusive or binding. Each of us, as researchers, healthcare professionals, policymakers, and individuals involved in clinical research and public health, plays a crucial role in promoting equity of opportunity in clinical research, and are encouraged to adapt the recommendations to address regional and cultural differences. Although this Declaration is targeted towards lymphoma and multiple myeloma clinical researchers, the IHE encourages other participants in cancer research to also adopt these principles.

RECOMMENDATIONS

Section 1. Adopt the DRIVE strategy for clinical research:

I. D: Appoint a DRIVE Officer (DO) for clinical trial excellence who is responsible for establishing, maintaining, and modifying a representative study plan.

a. Sponsors should appoint an independent Principal DO (PDO) as a steering committee level officer, separate from the Principal Investigator (PI).
b. An institutional DO should be appointed at each institution and could be responsible for multiple clinical studies.
c. The role of the DO should be consistently defined, and training should be provided to sponsors and investigators to clarify the qualifications and responsibilities of a qualified DO.

II. R: Measure the relative representation of participants in a clinical trial, using the DRIVE ranking system. The overall score of a trial should then be included within any future publication about the study.

a. Assign a DRIVE ranking score to clinical studies, based on the enrollment of underrepresented patient groups, relative to the disease epidemiology.
b. Conduct interim scoring during recruitment to evaluate interventions to address participant representation issues, identify underperformance, assess implementation of remediation strategies, and review Data and Safety Monitoring Board (DSMB) reporting.
c. Use aggregated scores, such as the median score across trials, to evaluate representation at each study site.
d. Scoring should be mandatory for all pivotal studies or those enrolling fifty or more participants.

III. I: Implement a tailored representative study plan.

a. Investigators should develop individualized study plans using disease epidemiology, with pre-defined endpoints within demographic subgroups, allowing for remedial post-approval studies for underperforming pre-approval trials. Strategies may include:
i. Establishing specific enrollment targets based on disease epidemiology, aiming to achieve the predetermined representative target within the trial. This includes outlining plans to meet the target in the post-approval phase if the goal is not reached during preapproval trials. If real-world data is utilized, sponsors should specify the analyses that will incorporate this data, considering the absence of randomization to manage unknown confounders.
ii. Setting predefined analyses and endpoints to be evaluated in specific subgroups, modeling the impact of having more or fewer patients than anticipated for a given subgroup, and exploring potential alternative endpoints that may be more easily interpreted within these subgroups.
iii. Combine data from cooperative group studies / the pharmaceutical industry to gather enough information to conduct efficacy and safety analyses for underrepresented subpopulations.
b. Strategies to enroll and retain historically marginalized populations may include:
i. Broadening eligibility criteria (discussed in more detail in Section 2)
ii. Establishing partnerships through community outreach and implementing cultural humility plans
iii. Addressing unconscious biases
iv. Translating participant-facing documents into multiple languages
v. Providing peer-support for potential enrollees, for example, sharing patient trial experiences to alleviate potential fears about trial participation
vi. Offering participant compensation and reimbursement
vii. Decentralizing trials to reach rural and frontier populations
viii. Having protocols reviewed by patient/community advocates to remove barriers or oppressive practices
ix. Collaborating with patient advocacy groups to foster trust and enhance participation in trials and registry studies

IV. V: Verify the transportability and generalizability in clinical research studies, preferably based on an independent report by a DRIVE Officer not involved in the trial.

a. A PDO not involved in the study should verify and report on DRIVE ranking scores.
b. Rank scores ≥3 should be required to be included within publication in high impact journals, and within oral or poster presentations at major medical meetings.
c. Implementation of DRIVE ranking scores should be done in phases to ensure quality control, and its impact used to measure effectiveness.

V. E: Elevate and enhance an unbiased clinical research team through training.

a. Strive for broad socio-demographic representation in study leadership, including steering committees, DSMB, PIs, IRBs, authorship, peer reviewers, editorial boards, and editors-in-chief.
b. Promote an unbiased clinical and research team through funding mechanisms that enhance the training and recruitment of team members who are representative of the target population, via scholarships, grants, and mentorship programs.

Section 2. Adopt the following strategies for reducing eligibility criteria barriers for clinical research:

I. Ensure that eligibility criteria for studies only includes clinically significant benchmarks. Exemplifying the utility of this strategy, principal investigators of the Lymphoma Epidemiology of Outcomes (LEO) cohort study (NCT02736357) have adopted streamlined eligibility criteria with the goal of improved representation in lymphoma clinical trials.
II. Criteria that have been found to be potentially unnecessary (and could serve as a barrier for participant inclusion within studies) are described in more detail here:
   a. CD20 positivity: While CD20 positivity assessment is standard for diagnosis, it should not be an eligibility criterion for first-line clinical trials unless the investigational drug specifically requires CD20 positivity for efficacy.
   b. CD38 and BMCA: Both CD38 and BMCA are universally expressed in myeloma malignant cells and should not be a criterion for study eligibility unless an additional scientific rationale is provided.
   c. Central pathology review, prior to enrollment
   d. History of other malignancies: Exclusion should be based only on active malignancies that require treatment precluding study drug administration or malignancies likely to be fatal during the trial evaluation period.
   e. History of stroke or intracranial hemorrhage: Participants should only be excluded if the experimental drug increases the risk of future cerebrovascular accidents (CVA) and if the event occurred within the past 6 months.
   f. Psychiatric illness: Exclude participants only if the individual cannot comply with study protocols, demonstrate decision-making capacity, or participate in informed consent (unless consent is provided by a legally authorized representative).
   g. HIV status: Participants with adequate viral suppression and disease control should be considered eligible, with appropriate evaluation and monitoring for potential drug-drug interactions with experimental therapies.
   h. HBV status: Although HBV testing should be performed as part of standard clinical practice, HBV infection should not preclude trial enrollment. Those with adequate viral suppression and disease control should be considered eligible, with appropriate evaluation and monitoring for potential drug-drug interactions with experimental therapies.
   i. HCV status: Although HCV testing should be performed as part of standard clinical practice, HCV infection should not preclude trial enrollment. Those with adequate viral suppression and disease control should be considered eligible, with appropriate evaluation and monitoring for potential drug-drug interactions with experimental therapies.
   j. Duffy null phenotype: Do not preclude trial enrollment for patients with an absolute neutrophil count <1500 cells/μL.

Section 3. Key Stakeholder Responsibilities and Consequences of Noncompliance

I. Key stakeholders, including study sponsors, researchers, professional oncology medical societies, patient advocacy organizations, regulatory agencies such as the FDA and European Medicines Agency (EMA), and the International Council for Harmonization (ICH), are recommended to create specific roles and responsibilities to promote generalizability and transportability in clinical research.

II. Specific consequences are recommended for studies that do not comply with these goals. Investigators should include a statement on the non-achievement of the desired clinical excellence goals in any resulting publication or presentation. The reasons for failure to reach the intended goals and additional steps to bridge the resultant data gap should be addressed. Furthermore, studies failing to meet their goals should not be prioritized for publication or presentation at conferences.

CONCLUDING STATEMENT

In conclusion, we remind all signatories of the Declaration of Maui that this document is intended to be a living document, debated, and adopted by all involved to foster excellence in clinical research. Therefore, this Declaration will be updated regularly in the future to align with the most current guidelines on clinical research.

OUR PLEDGE

We pledge to strive for excellence in clinical research, advocate for equity of opportunity in clinical trial participation, and hold each other accountable in our mission to develop safer and more efficacious treatments for all by following the recommendations outlined herein.

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Maui Declaration

DRIVE Score Internal Validity Survey

DRIVE Score Clinical Relevancy Survey

SYMPOSIUM AGENDA

SATURDAY, MARCH 8, 2025

All sessions are in Grand Ballroom 4-5 (2nd Floor) unless otherwise noted.

6:00 AM – 10:00 AM	Registration | Grand Ballroom Foyer
6:45 AM – 7:25 AM	Breakfast and Product Theater | House (2nd Floor)
6:45 AM – 4:20 PM	Exhibit Hall and Coffee Bar | Grand Ballroom 1-3
Session Chair	**Ruemu E. Birhiray, MD**
7:30 AM-8:00 AM	State of the Art: 2025: Emerging Therapies in Hematologic Malignancies | **Ruemu Birhiray, MD**
8:00 AM- 8:40 AM	Treatment of Acute Myeloid Leukemias:
8:00 AM– 8:20 AM	Treatment Options for Newly Diagnosed Patients | **Daniel Pollyea, MD, MS**
8:20 AM– 8:40 AM	Current and Emerging Therapies for Relapsed AML and Myelodysplastic Syndrome | **Rami Komrokji, MD**
8:40 AM - 9:00 AM	Hematopoietic Transplantation and Cellular Therapies: When to Refer | **Richard Childs, MD**
9:00 AM - 9:20 AM	Management of Chronic Myeloid Leukemia in 2025, **Richard Larson, MD**
9:20 AM – 9:30 AM	Myeloid and Lymphoblastic Leukemias PANEL DISCUSSION
9:30 AM– 9:45 AM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3
9:45 AM – 10:05 AM	Approaches to the Management of Newly Diagnosed Multiple Myeloma | **Saad Usmani, MD, MBA**
10:05 AM-10:25 AM	Emerging and Current Treatment of Relapsed/Refractory Multiple Myeloma | **Kenneth Anderson, MD**
10:25 AM -10:45AM	Current Approaches to the Treatment of Waldenstrom's Macroglobulinemia | **Steven Treon, MD, MA, PhD, FRCP, FACP**
10:45 AM-11:05AM	Evaluation, Diagnosis and Treatment of Amyloidosis: Approaches Including and Beyond Anti-CD38 Antibody Therapy | **Morie Gertz, MD, MACP**
11:05 AM-11:15AM	Plasma Cell Disorders - PANEL DISCUSSION
11:15 AM- 11:25AM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3
11:25 AM-11:45 AM	Treatment of Complementopathies: Diagnosis and Therapeutic Strategies | **Robert Brodsky, MD**
11:45 AM – 12:05 AM	How to Treat: Options and Treatment Paradigms for Aplastic Anemia | **Neal Young, MD**
12:05 PM-12:25PM	Classical Hematology: Managing Disorders of Bleeding and Clotting | **Craig Kessler, MD, MACP**
12:25 PM – 12:45PM	Treatment Options and Cellular Therapy for Sickle Cell Disease | **Matthew Hsieh, MD**
12:45 PM-12:55 PM	Hematology - PANEL DISCUSSION
1:05 PM – 1:50 PM	Luncheon Product Theaters | House, Cameral, Caucus, Capitol 1, Cabinet
1:50 PM - 2:00 PM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3

SYMPOSIUM AGENDA

SATURDAY, MARCH 8, 2025

All sessions are in Grand Ballroom 4-5 (2nd Floor) unless otherwise noted.

Session Chair	**Michael Wiemann, MD, FACP**
2:00 PM- 2:45 PM	T. Howard Lee Keynote Lecture: When Not to Watch and Wait: Emerging Strategies in the Treatment of Indolent Lymphoma | **Christopher Flowers, MD, MS, FASCO**
2:45 PM-3:05 PM	Chronic Myelomonocytic Leukemia: Diagnosis, Prognostication, and Treatment | **Ayalew Tefferi, MD**
3:05 PM– 3:25 PM	Current and Emerging Treatment Options of Myeloproliferative Neoplasms | **Alessandro Vannucchi, MD**
3:25 PM– 3:30 PM	Myeloproliferative Neoplasms – PANEL DISCUSSION
3:30 PM- 3:50PM	How I Choose: Current Approaches to Frontline Treatment of Chronic Lymphocytic Leukemia | **Jennifer Woyach, MD**
3:50 PM - 4:10PM	Annual Steven Coutre Chronic Lymphocytic Leukemia Memorial Lecture: Emerging and Current Therapies for Relapsed/Refractory Chronic Lymphocytic Leukemia | **John Byrd, MD, FACP**
4:10 PM – 4:20PM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3
4:20 PM – 4:40 PM	My Approaches to Managing the Controversies in the Treatment of Mantle Cell Lymphomas | **Michael Wang, MD, PhD**
4:40 PM – 5:00 PM	Emerging and Current Treatment for Hodgkin Lymphoma | **Stephen Ansell, MD, PhD**
5:00 PM – 5:35 PM	Current Advances in the Treatment of Aggressive B and T Cell Lymphomas | **Sonali Smith, MD, FASCO**
5:35 PM -5:55 PM	Bispecific Antibody Therapy for Lymphoid Malignancies | **Tycel Phillips, MD**
5:55 PM – 6:15 PM	Cellular Therapy for Lymphoid Malignancies | **Matthew Lunning, DO, FACP**
6:15 PM – 6: 35 PM	Bispecific and Cellular Therapy for Multiple Myeloma | **Joselle Cook, MD**
6:35 PM – 7:10 PM	The Great IHR 2025 Debate: Controversies in the Treatment of the AYA Patient with Acute Lymphoblastic Leukemia: Pediatric Inspired Chemotherapy Regimens | **Richard Stone, MD, IO** HyperCVAD Inspired Targeted Regimens | **Hagop Kantarjian, MD**
7:10 PM -7:20 PM	Lymphoid Malignancies and Cellular Therapies - PANEL DISCUSSION
7:20 PM – 7:40 PM	Hors D'oeuvres and Beverages | Grand Ballroom Foyer
7:40 PM - 8:40 PM	Hematologic Malignancies Townhall **Ruemu E. Birhiray, MD** – Chair and Moderator **Michael Wiemann, MD, FACP** – Co-Chair **Morie Gertz, MD, MACP** – Plasma Cell Disorders and Amyloidosis **Jennifer Woyach, MD** - Chronic Lymphocytic Leukemia **Richard Stone, MD, IO** - Acute Leukemias and Myelodysplastic Syndromes **Christopher Flowers, MD, MS, FASCO** – Lymphomas **Saad Usmani, MD, MBA** – Multiple Myeloma **Joselle Cook, MD** – Multiple Myeloma **Alessandro Vannucchi, MD** – Myeloproliferative Neoplasms

NURSING AND ALLIED PROVIDERS SYMPOSIUM AGENDA

SATURDAY, MARCH 8, 2025

All sessions are scheduled in Capitol Ballroom 2 (1st Floor) unless otherwise noted.
Moderator: Donna M. Birhiray, OTR, MBA & Thalia Hammond

6:00 – 10:00 AM	Registration | Grand Ballroom Foyer
6:45 AM – 7:25 AM	Breakfast Product Theater | House (2nd Floor)
6:45 AM – 4:20 PM	Exhibit Hall and Coffee Bar | Grand Ballroom 1-3
7:30 AM -8:00 AM	State of the Art: 2025: Emerging Therapies in Hematologic Malignancies | **Ruemu Birhiray, MD** | Grand Ballroom 4-5
8:10 AM –8:35 AM	Understanding and Managing Immune Effector Toxicities in Hematologic Toxicities | **David Reeves, PharmD, BCOP**
8:35 AM –9:00 AM	Management of Long-Term Survivors of Hematologic Malignancies | Sandra **Garofalo, MS, APRN, AOCNP**
9:00 AM – 9:30 AM	Managing Disorders of the Benign Hematology | **Craig Kessler, MD, MACP**
9:30 AM – 9:45 AM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3
9:45 AM – 10:15 AM	Emerging and Current Treatment of Amyloidosis and Waldenstrom's Macroglobulinemia | **Morie Gertz, MD, MACP**
10:15 AM – 10:45 AM	Understanding the Diagnosis and Treatment of Plasma Cell Disorders | **Joselle Cook, MD**
10:45 AM –11:15 AM	What I Need to Know and Do for My Patient: Evaluating and Managing Toxicities of Cellular and Immune Effector Therapy from a Nursing Perspective | **Matthew Lunning, DO, FACP**
11:15 AM – 11:30 AM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3
11:30 AM – 11:55 AM	Recognizing Toxicities of Oral Oncolytics in the Management of Hematologic Malignancies | **Kristi Orbaugh, RN, MSN, RNP, AOCNP**
11:55 AM – 12:25 PM	Diagnosis and Treatment of Myeloid Leukemias | **Rami Komrokji, MD**
12:25 PM – 12:55 PM	Current and Emerging Therapies for Acute Leukemias and Myelodysplastic Syndromes | **Richard Larson, MD**
12:55 PM – 1:00 PM	Questions and Answers
1:05 PM – 1:50 PM	Luncheon Product Theaters | House, Cameral, Caucus, Capitol 1, Cabinet
1:50 PM - 2:00 PM	Coffee Break – Exhibit Hall | Grand Ballroom 1-3
2:00 PM – 2:45 PM	T. Howard Lee Keynote Lecture: When Not to Watch and Wait: Emerging Strategies in the Treatment of Indolent Lymphoma | **Christopher Flowers, MD, MS, FASCO**
3:00 PM – 3:30 PM	Tailoring Treatment: The Role of Precision Medicine in Hematology | **Christopher Fausel, PharmD, MHA, BCOP**
3:30 PM -4:00 PM	Bispecific T-Cell Engagers in Multiple Myeloma | **Muna Chemali, PharmD, BCOP**
4:00 PM – 4:30 PM	Clinical Perspectives on Bone Marrow Biopsy: A Nursing Approach | **Ellen Rovner, MSN, CNP**
4:30 PM – 5:00 PM	Comprehensive Hematology Resources: A Social Worker's Guide to Patient Support | **Erin Abney, MSW, LCSW**
5:00 PM – 5:30 PM	AYA Patients and their Future: Conversations on Sexuality & Fertility | **Amanda Saraf, DO**

Stay for the Town Hall from 7:40 PM – 8:40 PM to earn 1 CE credit

Navigating the Cancer Care Journey- An Interview with Karen Winkfield, MD

Written by: Nicola Donelan

Dr. Karen Winkfield is the Executive Director of the Meharry Vanderbilt Alliance and the Associate Director for Community Outreach and Engagement at the Vanderbilt Ingram Cancer Center. Her lifelong ambition is to promote patient advocacy and eliminate health disparities. In this interview, she discusses the importance of community engagement, addressing the social determinants of health, and reducing barriers to cancer care for underserved populations.

Early Career Decisions

Dr. Winkfield began her career as a biochemistry major before joining the National Institutes of Health (NIH) funded Medical Science Program at Duke University, where she earned her MD-PhD. Initially drawn to basic science, she transitioned into medicine to better understand the complexities of human disease and patient care. ***"I went to medical school to learn more about human disease processes, to understand the clinical interface."***

While conducting her PhD research, she became acutely aware of the lack of diversity in clinical trials. This observation fueled her passion for addressing healthcare disparities, particularly those affecting Black women in oncology research. ***"I realized that there was a much larger problem upstream in terms of getting people into clinical care, but more importantly, getting Black women into clinical trials."***

Her commitment to eliminating health disparities in cancer care was shaped early on, reinforcing her mission to improve access and equity in oncology. ***"I made a decision that I was going to focus on working towards eliminating health disparities, particularly for those with cancer."***

Mentors and Role Models

During her formative years in medical school, Dr. Winkfield had many mentors who shaped her career trajectory. She recalls the first time she met a Black physician during medical school, highlighting the importance of representation in medicine. ***"The first time I met a Black physician was in medical school. Good mentors and role models were critical in providing inspiration and guidance."***

Among those who played a significant role during her medical school journey at Duke University School of Medicine were the late Dr. Brenda Armstrong (Associate Dean of Admissions), Dr. Cedric Bright (Internal Physician at the Durham VA Hospital), Dr. Ed Halperin (Chair of Radiation Oncology & Vice Dean of the Medical School), and Dr. Ellen Jones (Professor of Radiation Oncologist). Dr. Jones, in particular, became a pivotal mentor, guiding Dr. Winkfield into the field of radiation oncology. ***"Dr. Jones was a radiation oncology attending who took me under her wing, mentored me in the field, and that's all she wrote."***

Dr. Winkfield also describes a transformative moment with a patient that solidified her calling in radiation oncology. "One patient had a huge impact on me and helped me understand that as a physician, it's a privilege and an honor to be with patients. My job is to do whatever I can to remove barriers to their care."

Innovation in Radiation Oncology

Dr. Winkfield discussed advancements in radiation oncology, including image-guided radiation therapy (IGRT) and the emergence of new technologies like proton therapy. She emphasized that IGRT, which utilizes advanced imaging techniques such as CT, MRI, and PET scan, allows for more precise targeting of tumors while minimizing damage to surrounding healthy tissues.

Techniques such as stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) leverage IGRT to deliver highly focused radiation doses to small, well-defined tumors with exceptional precision. These advancements have revolutionized the treatment of various cancers, including brain, lung, and prostate tumors, by improving treatment efficacy and reducing side effects. However, she stressed the importance of further research

into the side effects of these new technologies on healthy tissues to ensure a more holistic approach to patient care. ***"One of the most significant advancements in radiation oncology in recent years has been the development of image-guided radiation therapy (IGRT). We need to understand better the effects of these new technologies on healthy tissues so that patient care can be more holistic."***

Patient Advocacy and Navigating Towards Better Healthcare

Dr. Winkfield believes a system-level approach is necessary to address cancer disparities. She elaborates on the concept of navigation, which helps patients overcome barriers to care, such as transportation, financial constraints, and lack of social support. ***"When it comes to inequities in care, the barriers are vast, so I can't just focus on my institution. The question is: How do we look more broadly at how we can impact health outcomes?"***

Her advocacy work includes several key initiatives:

Community Outreach & Engagement:

- o As Executive Director of the Meharry-Vanderbilt Alliance, she works to connect communities and improve health outcomes.
- o As Associate Director for Community Outreach and Engagement at Vanderbilt-Ingram Cancer Center, she focuses on improving access to care for underserved populations.
- o Programs include:
  - Screening Navigation – Helping individuals access cancer screenings, with a focus on reaching historically underserved populations.
  - Clinical Trial Navigation – Addressing barriers that prevent patients from participating in clinical trials.
  - Community-Based Programs – Providing outreach, education, and solutions for logistical challenges such as transportation and housing for cancer patients.
- Addressing Systemic Issues:
  - o Recognizing that disparities stem from systemic barriers, she focuses on interventions that address broader social determinants of health.
- Advocacy for Equitable Cancer Care:
  - o As a member of the National Cancer Advisory Board, she works to influence research priorities to ensure government-funded programs can have the greatest impact on improving cancer outcomes for everyone.

"I do a lot of advocacy work, both on the institutional and local, state, and national levels. The way that I practice medicine is all-in because our system is so broken."

A Commitment to Inclusive Research

Dr. Winkfield is passionate about improving inclusivity in clinical trials. She is an advocate for initiatives like the DRIVE (Diversity, Research, Inclusion, and Value in Ethics) program. ***"I've been involved with DRIVE for about two and a half years, and my focus is improving inclusive participation in clinical trials."***

Dr. Winkfield continues to advocate for equitable cancer care by combining research, community engagement, and advocacy. Her attendance at the Indy Hematology Review meeting will allow her to connect with fellow leaders in the field and further advance the conversation around health equity in oncology.

In her closing thoughts, she emphasizes the urgency of addressing disparities in cancer care and the importance of collective efforts to drive meaningful change: ***"The goal is to remove barriers and make high-quality cancer care accessible for everyone. We must work together to achieve that vision."***

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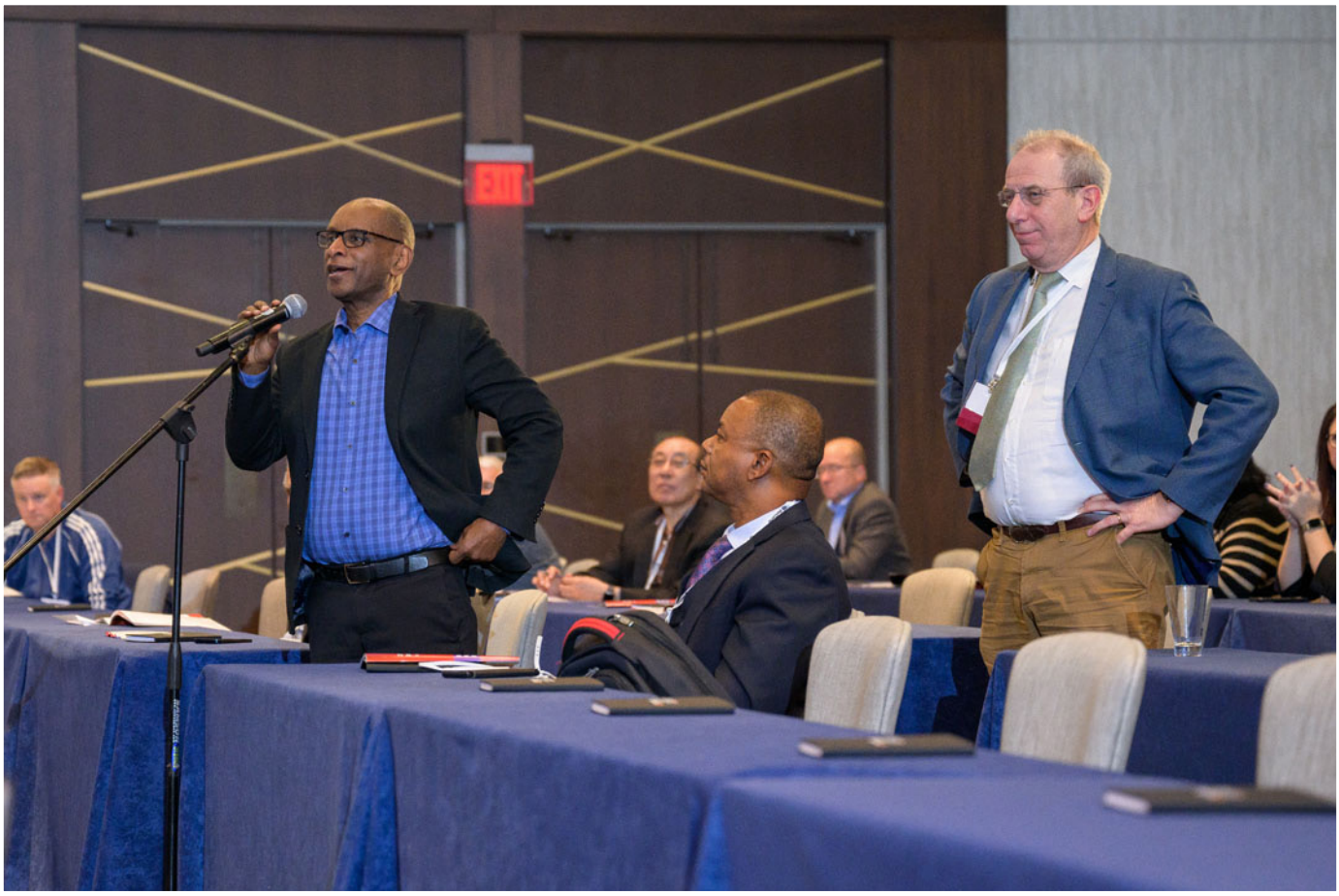
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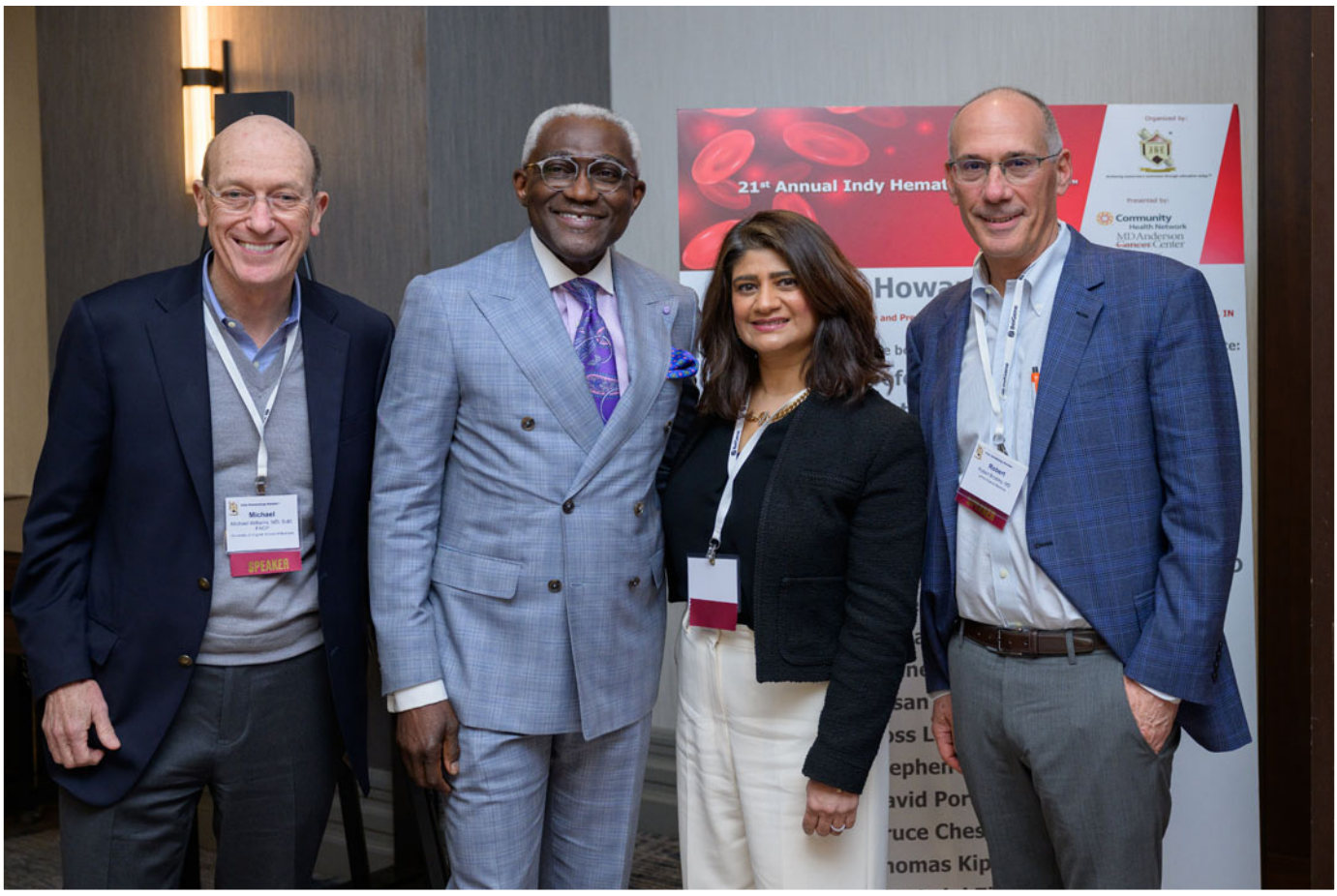
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An Interview with Chantelle Browne-Farmer, MD: 2025 Scholarship Recipient "Advancing Care in Pediatric Hematology and Oncology in the Caribbean"

Written by Nicola Donelan

Dr. Browne-Farmer's journey into pediatric hematology and oncology was shaped by transformative experiences and inspiring mentors. During her pediatric training in Barbados, she was deeply moved by the resilience of young patients battling blood disorders and cancer. One memorable case involved a ten-year-old girl with ovarian cancer, whose courage left a lasting impact. Despite her illness, the child showed remarkable strength. "It was her resilience and bravery, even in the face of such overwhelming odds, that truly inspired me," Dr. Browne-Farmer shared. "She taught me more about courage and strength than I could have ever imagined."

Another pivotal moment in her journey came when she attended a lecture by Dr. Sheila Weitzman from SickKids in Toronto. Inspired by Dr. Weitzman's expertise and passion, Dr. Browne-Farmer pursued opportunities to deepen her knowledge, including an observer ship at SickKids. Furthermore, her experience with impactful mentors, including Dr. Victor Blanchette, further encouraged her commitment to this challenging but rewarding specialty.

Building a Service in Resource-Limited Settings

Upon returning to Barbados, Dr. Browne-Farmer undertook the significant task of establishing and managing a pediatric hematology and oncology service at the Queen Elizabeth Hospital (QEH). However, working in a resource-constrained setting came with significant and unique challenges. Essential diagnostic tools and treatments were not always readily available, and human resource limitations further complicated the delivery of care.

"Resource limitations are a constant challenge," Dr. Browne-Farmer acknowledged. "But we've learned to innovate and collaborate with external organizations to provide the best care possible under the circumstances." Two key partnerships —with the SickKids-Caribbean Initiative and the American Society of Hematology— have improved access to treatments and diagnostic resources, addressing critical gaps in the region. By tailoring strategies to local constraints, the team aims to achieve outcomes comparable to those in more developed countries.

Leveraging Data for Better Outcomes

One major achievement has been developing local oncology databases in collaboration with the SickKids-Caribbean Initiative. These databases, which collect data from six Caribbean islands— Barbados, Bahamas, Jamaica, Trinidad, Saint Lucia, and Saint Vincent—help track patient numbers, plan resources, and identify gaps in care. This data has been especially useful in tailoring treatment protocols for leukemia patients, balancing the need for effective care with the regional constraints.

"Having access to more extensive and real-time data allows us to better understand the landscape of pediatric oncology in the Caribbean," Dr. Browne-Farmer explained. "It helps us understand where we can improve and how to allocate limited resources more effectively."

Research and Future Directions

Dr. Browne-Farmer's research interests span rare pediatric tumors and sickle cell disease—a common condition in the Caribbean. Her studies on plexiform tumors have helped refine treatment approaches for these rare malignancies.

Additionally, she is a strong advocate for expanded newborn screening for sickle cell disease in Barbados, a practice only implemented in some parts of the Caribbean, to enable early interventions that prevent severe complications. “Screening at birth can save lives,” Dr. Browne-Farmer emphasized. “It’s about giving these children the best start and preventing avoidable complications.”

Looking ahead, she plans to broaden her research portfolio, focusing on quality improvement initiatives and advancing treatments for blood disorders. She is also exploring ways to enhance regional blood banking services, including comprehensive antigen testing to support patients requiring frequent transfusions.

Educating the Next Generation

As an educator, Dr. Browne-Farmer is committed to preparing medical students and residents to meet the unique demands of pediatric hematology and oncology. She emphasizes with her students the importance of strong clinical acumen, resource management, and staying updated on advancements in molecular medicine and targeted therapies. Her goal is to equip future practitioners to adapt to both resource-rich and resource-limited environments. “I want my students to leave with not just knowledge but the confidence to apply it in the most challenging of circumstances,” she said.

Global Trends and Transformative Care

Dr. Browne-Farmer views precision medicine and targeted therapies as transformative trends in pediatric oncology. These approaches, which tailor treatments to the specific molecular drivers of disease, are revolutionizing cancer care. She is working to secure funding and access to these therapies, ensuring children in the Caribbean can benefit from the latest advancements. “The future of oncology lies in understanding the molecular basis of disease and targeting it directly,” Dr. Browne-Farmer stated. “It’s an exciting time to be in this field, and I’m eager to see how we can bring these innovations to our region.”

Sharing Knowledge: Plans Following the Conference

After attending the upcoming conference, Dr. Browne-Farmer plans to integrate her newfound knowledge and connections into both her practice and teaching. She is committed to translating her learnings into actionable quality improvement initiatives at QEH. She plans to collaborate with peers to refine treatment protocols, improve patient care pathways, and address systemic challenges in pediatric oncology. “The conference is an invaluable opportunity,” Dr. Browne-Farmer remarked. “I’m looking forward to not only learning but also building connections that will directly benefit our patients.”

As an educator, she also plans to incorporate the latest advancements into her curriculum, ensuring students and residents are equipped with cutting-edge knowledge and skills. “The goal is to make a tangible difference,” she said. “Whether it’s through teaching, research, or direct patient care, I want to ensure that the knowledge I gain translates into better outcomes for our children.”

Dr. Browne-Farmer’s ultimate goal is to use the conference as a springboard to strengthen regional healthcare systems, foster international partnerships, and ensure every child in the Caribbean has access to the best possible care. Her dedication to improving outcomes for young patients reflects her belief that every child deserves a fighting chance, regardless of their location or resources.

2025 FACULTY AND ABSTRACTS

Ruemu E. Birhiray, MD

Partner, Hematology Oncology of Indiana, a Division of American Oncology Network and President and CEO, Indy Hematology Education Inc. Clinical Professor, Marian University College of Osteopathic Medicine (Indianapolis, IN)

Dr. Birhiray is an attending physician in medical oncology, hematology, and hematopoietic stem cell transplantation at Hematology-Oncology of Indiana, and at St. Vincent Hospital in Indianapolis, IN. After completing his internal medicine residency at Columbus Hospital in Chicago where he also served as Chief Medical Resident in 1994, he was a postgraduate fellow in bone marrow transplant at Johns Hopkins University in Baltimore and in medical oncology at the National Cancer Institute, National Institutes of Health in Bethesda, Maryland.
Abstract unavailable at the time of publication

Erin Abney, MSW, LCSW

Outpatient Senior Oncology Social Worker, IU Health Central Indiana Cancer Center (Indianapolis, IN)

Erin Abney, MSW, LCSW is a recipient of the IU Health 2024 Partner in Care award. Erin was nominated by her peers for demonstrating exemplary contributions to patient care and teamwork. Erin completed her graduate degree at the University of Indianapolis and was a member of the Community Behavioral Health Academy with a focus in mental health and substance use disorders. Erin currently works for the IU Health Central Indiana Cancer Centers as an outpatient senior oncology social worker. Erin's focus is to provide resources, support and advocacy for patients struggling with hematology and oncology disease states. Erin has additional knowledge and experience in crisis intervention, domestic violence advocacy and emergency room social work.
Abstract unavailable at the time of publication

Kenneth Anderson, MD

Kraft Family Professor of Medicine, Harvard Medical School, Director of the Jerome Lipper Multiple Myeloma Center at Dana-Farber Cancer Institute (Boston, MA)

Dr. Ken Anderson is the Kraft Family Professor of Medicine at Harvard Medical School, as well as Director of the Jerome Lipper Multiple Myeloma Center at Dana-Farber Cancer Institute. He trained in internal medicine at Johns Hopkins Hospital, and then completed hematology, medical oncology, and tumor immunology training at the Dana-Farber Cancer Institute. He is a Doris Duke Distinguished Clinical Research Scientist and American Cancer Society Clinical Research Professor.

Over the last four decades, he has developed laboratory and animal models of multiple myeloma in its microenvironment which have allowed for both identification of novel targets and validation of novel targeted and immune therapies. He has then led efforts to rapidly translate these studies to clinical trials culminating in FDA approval of multiple novel targeted therapies, which have transformed the treatment paradigm and markedly improved patient outcome.
Abstract unavailable at the time of publication

Stephen M. Ansell, MD, PhD

Dorotha W. and Grant L. Sundquist Professor in Hematologic Malignancies Research Mayo Clinic (Rochester, MN)

He is a consultant in the Division of Hematology, Department of Internal Medicine at Mayo Clinic in Minnesota. Dr. Ansell currently serves as chair of the Division of Hematology and the Enterprise Deputy Director of the Mayo Clinic Cancer Center. He joined the staff of Mayo Clinic in 1999 and holds the academic rank of Professor of Medicine, Mayo Clinic College of Medicine and Science.
Dr. Ansell earned his MB, ChB, and PhD degrees at University of Pretoria in Pretoria, South Africa, where he also completed an internship in internal medicine and surgery, a residency in internal medicine, and a fellowship in medical oncology.

Dr. Ansell continued his education at the University of the Witwatersrand in Johannesburg where he was a registrar in internal medicine. He then came to the United States and completed a residency in internal medicine and then a fellowship in hematology/oncology at Mayo Clinic. Dr. Ansell's research focuses on investigating the phenotype and activity of intratumoral T-cells and developing strategies to modulate the immune function in lymphomas.
Abstract unavailable at the time of

publication

Robert A. Brodsky, MD

Johns Hopkins Family Professor of Medicine and Oncology, Director of the Division of Hematology Johns Hopkins University School of Medicine (Baltimore, MD)

Dr. Brodsky is the Johns Hopkins Family Professor of Medicine and Oncology, and a member of the Johns Hopkins Kimmel Cancer Center. He also serves as the Director of the Division of Hematology and the T32 Training Program. Dr. Brodsky received his medical degree from Hahnemann University. He completed his residency in Internal Medicine at Vanderbilt University School of Medicine and his fellowship training in hematology at the National Institutes of Health and in oncology at Johns Hopkins University.

Dr. Brodsky's clinical and academic interests relate to bone marrow failure disorders, hemolytic anemias, and complement. He and his colleagues performed the first successful half matched bone marrow transplant worldwide for sickle cell disease in 2007. He is a Section Editor for UpToDate. He served on the Executive Committee of the American Society of Hematology (ASH) 2017-2023 and was the 2023 President for ASH. Abstract unavailable at the time of publication

John Byrd, MD, FACP

Chair Department of Internal Medicine, University of Cincinnati (Cincinnati, OH)

John Byrd, MD, FACP is an internationally known researcher and clinical specialist in leukemia and other hematologic malignancies. He currently is the Chair of the Department of Internal Medicine at the University of Cincinnati. He holds the Gordon and Helen Hughes Taylor Chair. Outside of his academic roles, Dr. Byrd is a principal and Chief Medical Officer of Beat AML, an LLC of the Leukemia and Lymphoma Society. The Beat AML study has brought together multiple industry, academic, and governmental stakeholders to move precision medicine in AML forward in the United States.

Dr. Byrd received his medical degree from the University of Arkansas for Medical Sciences. His education continued in internal medicine and hematology and oncology at Walter Reed Army Medical Center and Johns Hopkins University before moving to Columbus to join the faculty at Ohio State where he developed an internationally recognized blood cancer program and was the founding director of the Division of Hematology. He moved to the University of Cincinnati in 2021 as Chairman of Internal Medicine and to contribute to building an NCI designated cancer center. Dr. Byrd runs a highly translational laboratory and early drug development program focused on CLL and new therapeutics in hematologic malignancies. He has been part of the successful development of multiple therapeutics in blood cancers, most notably the Bruton's Tyrosine kinase inhibitors (ibrutinib and acalabrutinib).
Abstract unavailable at the time of publication

Muna Chemali, PharmD, BCOP

Clinical Pharmacy Specialist, Stem Cell Transplant and Cellular Therapy, Community MD Anderson Cancer Center (Indianapolis, IN)

Muna Chemali, PharmD, BCOP is a clinical pharmacy specialist in stem cell transplant and cellular therapy at Community MD Anderson Cancer Center in Indianapolis, Indiana. She graduated from Massachusetts College of Pharmacy and Health Science University with a PharmD in 2018 and completed both PGY-1 pharmacy practice and PGY-2 hematology/oncology residencies at Indiana University Health.
Abstract unavailable at the time of publication

Richard Childs, MD

Scientific Director at the National Heart, Lung, and Blood Institute (NHLBI) at the National Institutes of Health (NIH). (Bethesda, MD)

He directs and provides oversight of the intramural research program of the NHLBI, ensuring resources are allocated appropriately to achieve the research mission of the NHLBI, setting overarching research priorities in partnership with the Institute Director and overseeing the recruitment of a talented and diverse faculty to conduct high-quality and ethical research ranging from basic molecular to clinical/translational research.
Dr. Childs was the first investigator to show that metastatic kidney cancer could be cured by transplanted allogeneic immune cells through a graft-vs-tumor effect, a seminal discovery that was published in the New England Journal of Medicine. He continues to run a translational research lab that conducts first-in-human research in bone marrow transplantation and tumor immunotherapy. He is board certified in medical oncology, has performed more than 600 experimental bone marrow stem cell transplants, holds more than 30 patents related to NK and T-cell based immunotherapy, and has published over 250 original research papers as the lead or senior author.
Abstract unavailable at the time of publication

Joselle Cook, MD

Hematologist and Oncologist, Mayo Clinic (Rochester MN)

Dr Joselle Cook is a hematologist and oncologist, specializing in Myeloma, Amyloid and Plasma cell disorders at the Mayo Clinic in Rochester Minnesota. She is an Assistant Professor of Medicine at Mayo Clinic Rochester in the Division of Hematology. Her research focuses on determining the prevalence and biologic drivers of precursor plasma cell disorders, particularly in understudied and high-risk populations. She initiated the MAGIC study which is the first ever screening study of monoclonal gammopathies in people across the African Diaspora. She also is a researcher in novel Immunotherapeutics, specifically oncolytic virotherapy for hematologic malignancies.
Abstract unavailable at the time of publication

Christopher Fausel, PharmD, MHA, BCOP

Director of Pharmacy, Precision Genomics Oncology, Indiana University Simon Comprehensive Cancer Center (IUSCCC) (Indianapolis, IN)

Christopher Fausel, PharmD, MHA, BCOP is the Director of Pharmacy for Precision Genomics Oncology at the Indiana University Simon Comprehensive Cancer Center (IUSCCC) in Indianapolis, Indiana where he coordinates the institutional molecular tumor board. He graduated from Albany College of Pharmacy with a BS Pharmacy in 1993 and Pharm.D. in 1996 and completed residency training at the Stratton VA Medical Center in Albany, NY.

In addition, he is the Chairman of the Board of the Hoosier Cancer Research Network, a non-profit organization that conducts clinical trials and translational research in cancer and serves as the administrative headquarters of the Big Ten Cancer Research Consortium.

He is the founding Residency Program Director for the PGY2 Oncology Pharmacy Residency and has previously served as a clinical specialist in hematology/oncology/stem cell transplant and as a clinical manager for oncology pharmacy for over 20 years at Indiana University Health. He serves as Chair for the Indiana University biomedical IRB. He is a long-standing member of ASHP, ASCO and HOPA.
Abstract unavailable at the time of publication

Christopher Flowers, MD, MS, FASCO

The University of Texas MD Anderson Cancer Center, Division Head of Cancer Medicine (Houston, TX)

Christopher Flowers, MD, MS, FASCO joined The University of Texas MD Anderson Cancer Center in August 2019 as Department Chair of Lymphoma/Myeloma and was appointed Division Head of Cancer Medicine in September 2023. Prior to MD Anderson, he was professor of Hematology and Oncology with a joint appointment in Biomedical Informatics at Emory University School of Medicine in Atlanta. During his tenure there, he served the Winship Cancer Institute as director of the Emory Healthcare-Lymphoma Program for 13 years and as scientific director of Research Informatics for four years.

An internationally recognized expert in lymphoma clinical care, epidemiology and outcomes research, Dr. Flowers is an innovator who has a passion for facilitating new drug development.

He is an active clinician who conducts clinical research involving cancer outcomes, cancer informatics, and phase 1/2 trials, focusing on the clinical development of novel therapeutics for B-cell lymphomas. His broader research interests include patient-oriented research in lymphoma and computer microsimulation models and cost-effectiveness analyses aimed at developing strategies to individualize care for cancer patients and improve systems of care. His work has resulted in >200 peer-reviewed publications. He has received peer-reviewed funding from foundations and the NIH including leading two U01 awards and two multi-institutional team science grants.
Abstract unavailable at the time of publication

When Not to Watch and Wait: Emerging Strategies in the Treatment of Indolent Lymphoma
Follicular lymphoma (FL) is the most common form of indolent (slow-growing) B-cell non-Hodgkin lymphoma, and it remains incurable despite advances in therapy. The management of first-line therapy for FL aims to balance disease control, quality of life, and long-term outcomes while minimizing toxicity. Treatment decisions are guided by clinical features, patient-specific factors, and disease burden. For patients with FL who experience symptoms and/or have high-burden disease, immunochemotherapy and lenalidomide and rituximab have been explored as initial treatment. In relapsed or refractory FL, second- and third-line therapies are tailored based on prior treatments, duration of response, and evolving resistance. Late relapses may respond to re-treatment with first-line regimens, while early relapses necessitate novel approaches. Clinical prognostic factors and biomarkers and hold promise for tailoring therapy in the future. Patient preferences, comorbidities, and disease aggressiveness should guide individualized management. Therapy for FL requires a nuanced approach to balance disease control, long-term outcomes, and quality of life. First-line therapy is guided by disease burden, patient comorbidities, and prognostic factors. Novel prognostic system such as the Follicular Lymphoma International Prognostic Index (FLIPI) 24 are emerging. Observation is appropriate for asymptomatic patients with low tumor burden, while symptomatic or high-burden disease typically requires CD20 antibody-based immunochemotherapy. Maintenance rituximab can prolong progression-free survival after induction therapy. Emerging chemotherapy-free combinations, such as lenalidomide with rituximab (R^2) and next-generation anti-CD20 antibodies like obinutuzumab, and bispecific antibody therapies offer effective alternatives. Clinical trials and ongoing research into biomarker-driven, chemotherapy-free combinations are critical to improving response durability, overcoming resistance, and minimizing toxicity, marking a paradigm shift in FL management.

Sandra G. Garofalo MS, APRN, AOCNP

Nurse practitioner, Hematology Oncology of Indiana, a Division of American Oncology Network (Indianapolis, IN)

Sandra G. Garofalo MS, APRN, AOCNP - Nurse practitioner, Hematology Oncology of Indiana, a Division of American Oncology Network, Indianapolis IN. She has over 18 years of experience in the field of oncology. She completed her Bachelor of Science in nursing as well as her Master of Science at The Ohio State University. She started her nursing career in hematopoietic stem cell transplant at The Medical University of South Carolina. Since that time, she has had extensive experience in hematological and solid tumor malignancies as well as benign hematology at The James Cancer Center at The Ohio State University. She currently works as a nurse practitioner at Hematology Oncology of Indiana and St. Vincent's Hospital in Indianapolis.
Abstract unavailable at the time of publication

Morie Gertz, MD, MACP

Roland Seidler Jr. Professor, Art of Medicine, Chair Emeritus, Department of Internal Medicine, Mayo Clinic (Rochester, MN)

Dr. Gertz is a Master of the American College of Physicians. His undergraduate degree was awarded with highest distinction from Northwestern University graduating Phi Beta Kappa.

Evaluation, Diagnosis and Treatment of Immunoglobulin light chain amyloidosis (AL)
One of the major barriers to improved outcomes in AL is failure to recognize the disease early. Confirmation bias is a major barrier

to recognizing AL. Approximately 4% of subjects with monoclonal gammopathy of undetermined significance (MGUS)/smoldering multiple myeloma (SMM) will develop light chain amyloidosis. Important clues to the diagnosis include the fact that two thirds of the patients have more than one organ involved with amyloidosis at the time of diagnosis. Light chain amyloidosis can be considered in all patients with nondiabetic nephrotic syndrome, heart failure with preserved ejection fraction, mixed axonal and demyelinating peripheral neuropathy and patients with MGUS/SMM with an atypical presentation.[1]

The diagnosis can usually be established noninvasively by staining the bone marrow, subcutaneous fat or lip biopsies with Congo red. The most sensitive and specific method is using laser capture mass spectroscopy. Cardiac amyloidosis due to age related deposition of transthyretin is increasingly being recognized and can be confused with light chain amyloidosis. Chemotherapy is contraindicated in these patients. The staging of amyloidosis is based on the level of serum troponin, brain natriuretic peptide and the difference between involved and uninvolved immunoglobulin free light chains.[2]

The standard of therapy for newly diagnosed patients is Daratumumab, bortezomib, cyclophosphamide, and dexamethasone. [3] Stem cell transplant is reserved for patients who failed to achieve at least a very good partial response with standard therapy. Patient with AL have an incidence of t(11;14) in the range of 40 to 50%. In this subgroup of patients, venetoclax can be a highly active agent as a second-line therapy. Trials are underway in immunoglobulin light chain amyloidosis of both CAR T therapy and bispecific antibodies.

1. Gertz, M.A. and A. Dispenzieri, *Systemic Amyloidosis Recognition, Prognosis, and Therapy: A Systematic Review. Jama, 2020. 324(1): p. 79-89.*
2. Gertz, M.A., *Immunoglobulin light chain amyloidosis: 2024 update on diagnosis, prognosis, and treatment. Am J Hematol, 2024. 99(2): p. 309-324.*
3. Kastritis, E., *et al., Daratumumab-Based Treatment for Immunoglobulin Light-Chain Amyloidosis. N Engl J Med, 2021. 385(1): p. 46-58.*

Matthew Hsieh, MD

Senior Research Physician, Cellular and Molecular Therapeutics Branch, National Heart, Lung, and Blood Institute (NHLBI) (Bethesda, MD)

Matthew Hsieh, MD is an active investigator in several clinical trials for sickle cell disease, including hematopoietic cell transplantation (HCT) from matched related donors, gene therapy, haploidentical HCT, and late effects of HCT. His interests include stem cell mobilization, organ dysfunction related to sickle and beta-globin disorders, iron overload, neutrophil disorders, and HCT conditioning regimens.

Treatment Options and Cellular Therapy for Sickle Cell Disease

Sickle cell disease (SCD) is an autosomal recessive beta-globin disorder in which a point mutation leads to a glutamine for valine substitution, causing deoxygenated red cells to change into crescent shape. Progress over the last decade has led to more medication and cellular therapy options. L-glutamine (Endari) and crizanlizumab (Adakveo) both gained approval for reduction in SCD-related vaso-occlusive crises (VOC). Voxelotor (Oxbryta) was initially approved to raise hemoglobin levels but was recently withdrawn due to higher rates of VOC and possibly death, and these risks did not outweigh the small clinical benefit. Thus, hydroxyurea remains the only disease-modifying medication for now. Mitapivat (pyruvate kinase activator, which provides energy to prolong red blood cell survival) and other medications to destabilize sickle polymerization are in clinical trial testing. For allogeneic hematopoietic cell transplants with matched related donors, >90% event-free survival can be expected in myeloablative (high intensity, e.g. busulfan, cyclophosphamide, and rabbit ATG) or >80% in non-myeloablative (low intensity, e.g. alemtuzumab and 300 cGy total body irradiation) conditioning. For haploidentical transplants (moderate to moderately high intensity regimens), event-free survival approaches the results with matched donors (>80%), and substantially increases the donor pool and access to this curative therapy. Two ex-vivo gene therapies using autologous hematopoietic cells are approved. Lyfgenia (adding correct copies of beta-globin with a lentiviral vector system) and Casgevy (reactivating

fetal hemoglobin with CRISPR-Cas9 gene editing system) both increases total hemoglobin levels and reduce VOC rates. Finally, in vivo gene therapy is currently under active clinical development and likely will be in clinical trials in this decade.

Hagop Kantarjian, MD

Chair of the Leukemia Department, MD Anderson Cancer Center (Houston, TX)

Dr Hagop Kantarjian is Chair of the Leukemia Department at MD Anderson Cancer Center in Houston, Texas. He is a fellow in health care policies at the Baker Institute at Rice University. His research focuses on translational-clinical developmental therapeutics in leukemia.

Over the past 4 decades, he has made numerous contributions that improved patient prognosis and survival across the leukemia entities, with over 2,400 peer reviewed publications. In addition to his 40+ year career as a leukemia researcher, he has been involved in health care policies and published extensively on issues related to the Affordable Care Act (ObamaCare), health care as a human right, cancer drug prices, 340B, HPV vaccines, and others.
Abstract unavailable at the time of publication

Craig Kessler, MD, MACP

Professor of Medicine and Pathology, Attending Physician, Division of Hematology-Oncology, Georgetown University Medical Center (Washington, DC)

He also serves as the Director of the Division of Coagulation in the Department of Laboratory Medicine and is the Director of the Therapeutic and Cellular Apheresis Unit. With a distinguished career beginning in 1973, Dr Kessler earned his medical degree from Tulane University School of Medicine in New Orleans, Louisiana. He remained in New Orleans to complete his medical internship and residency before moving to Baltimore, Maryland, in 1976 to assume a Fellowship in Special Hematology at Johns Hopkins Hospital. He has more than 350 publications and textbooks in non-malignant hematology. He has been elected to Mastership in the American College of Physicians.
Abstract unavailable at the time of publication

Rami Komrokji, MD

Vice Chair of the Malignant Hematology Department and the Head of the Leukemia and MDS Section, Moffitt Cancer Center (Tampa, FL)

He is a senior Member of the Malignant Hematology and Experimental Therapeutics Program at the Moffitt Cancer Center, and Professor in Medicine & Oncologic Sciences at the College of Medicine, at the University of South Florida in Tampa, Florida. After earning a medical degree in 1996 from the Jordan University School of Medicine, he completed an internship and residency at Case Western University, St. Vincent Program. He then completed a fellowship at Strong Memorial Hospital, University of Rochester, in Hematology/Oncology and Hematopoietic Stem Cell Transplantation.

An expert in myeloid neoplasms where he led several clinical trials and lectured worldwide. His work paved the FDA approval for luspatercept in myelodysplastic syndromes and for Pacritinib in myelofibrosis. He has authored or co-authored more than 325 peer-reviewed manuscripts, 20 book chapters, and more than 700 abstracts in Hematologic Malignancies. He served as member on the MDS Panel of the National Comprehensive Cancer Network (NCCN) and is currently a member of the NIH MDS natural history study steering committee and aplastic anemia and MDS foundation board of directors. He was a member of the editorial board for Journal of Clinical Oncology (JCO). He is a peer reviewer for several medical journals including Blood Journal, JCO and Leukemia Journal. His research interests are in Phase

I and II Clinical Trials, and in the outcome research in hematologic malignancies with a focus on myeloid neoplasms. His clinical interests are Myelodysplastic syndromes (MDS), Acute Myeloid Leukemias, and Myeloproliferative neoplasms. Abstract unavailable at the time of publication

Richard Larson, MD

Professor of Medicine in the section of Hematology/Oncology and the Comprehensive Cancer Center, University of Chicago (Chicago, IL)

Dr. Richard Larson is Professor of Medicine in the Section of Hematology/Oncology at the University of Chicago. He received his medical degree from the Stanford University School of Medicine in 1977, and completed his postdoctoral training in Internal Medicine, Hematology, and Medical Oncology at the University of Chicago. He has been a member of the faculty in the Section of Hematology/Oncology and the Comprehensive Cancer Center, University of Chicago since 1983.

Management of Chronic Myeloid Leukemia in 2025

The survival of patients with newly diagnosed chronic phase CML is >90% at 10 years with first- or second-generation tyrosine kinase inhibitors (TKIs). Patients presenting with features of accelerated phase (AP) CML have less favorable outcomes with ~70% survival at 5 years. However, those with low or intermediate ELTS (European Long-Term Survival) scores have considerably better outcomes. The International Consensus Classification continues to define AP as 10-19% blasts in the blood or marrow, or >20% basophils, or the presence of additional chromosomal abnormalities (such as +8, +Ph, i(17), +19, or a complex karyotype) in Ph+ cells. When CML progresses to AP despite therapy, the outcome is similar to that of patients presenting with blast phase CML. Important tools for helping patients achieve their goals of increased survival, quality of life, and/or treatment-free remission (TFR) include risk assessment (ELTS score), achievement of mileposts such as the ELN (European LeukemiaNet) recommendations, regular molecular monitoring, and when necessary, mutation detection. Successful TFR reduces chronic side-effects, late complications, and treatment costs. After 5 years of frontline TKI therapy, ~35-50% of patients have had stable MR4 or MR4.5 responses for >2-3 years and are eligible to discontinue TKIs; about half are successful and remain in TFR. Asciminib is now approved for frontline use due to its greater efficacy and less toxicity; based on results from the randomized ASC4FIRST trial that compared asciminib to each of the other 1st and 2nd generation TKIs. Asciminib has a novel mechanism of action, binding to the myristoyl site and inactivating the BCR::ABL1 enzyme.

Matthew Lunning DO, FACP

Associate Professor, Division of Hematology/Oncology, University of Nebraska Medical Center, Associate Vice Chair of Research, Department of Internal Medicine, Medical Director of the Clinical Research Center (CRC), and Medical Director of Cellular Therapies. (Omaha, NE)

He received his medical degree from Des Moines University in 2006. Dr. Lunning completed his internal medicine residency at UNMC where he served as Chief Medical Resident. He completed his Hematology/Oncology fellowship and served as the Hematology Chief Fellow at Memorial Sloan-Kettering Cancer Center. Dr. Lunning returned to UNMC in 2013 and has been active in clinical research, research mentoring, education, and patient care. Dr. Lunning was the recipient of the Distinguish Scientist Award in 2019.

Dr. Lunning has served on several National Comprehensive Cancer Network's guidelines committees including the Immunotherapy Toxicity & T-cell lymphoma panels. He has served as an invited member of ASCO's Cancer Education Committee on the Non-Hodgkin Lymphoma. He is the co-organizer of the Pan Pacific Lymphoma Conference.

Abstract unavailable at the time of publication

Kristi Orbaugh, RN, MSN, RNP, AOCNP

Nurse Practitioner, Community Hospital Cancer Center North, an affiliate of MD Anderson (Indianapolis, IN)

Kristi has spent her entire career in the oncology field. She received her undergraduate degree from Purdue University and her master's degree from Indiana University Purdue University of Indianapolis. She works at Community Hospital Cancer Center North which is an affiliate of MD Anderson as a nurse practitioner. She has published several oncology related articles. She has presented locally, regionally, nationally and internationally. Kristi is passionate about oncology and enjoys presenting and providing oncology education on regional, national and international level.

Abstract

Combination chemotherapy regimens have added to the complexity of cancer treatment. When oral oncolytic drugs are used, they add another layer of difficulty due to their potential toxicities and the need for patient adherence. Oral chemotherapy drugs can cause toxicities that require regular assessments. Some of the most common toxicities that are seen with treatment regimens frequently used to treat hematologic malignancies will be discussed.
It is vital that oncology nurses recognize and continually assess for potential toxicities caused by oral chemotherapy. Differentiating between side effects caused by drug toxicity and disease-related symptoms will need to be evaluated as well. Nurses will also need to educate patients on potential side effects and have a plan for managing any toxicities. Education is imperative in helping patients understand the proper way to take their medication, and the importance of adhering to the medication regimens. Finally, financial toxicity will be discussed briefly.

Tycel Phillips, MD

Associate Professor, Division of Lymphoma, Department of Hematology and Hematopoietic Cell Transplantation, City of Hope Comprehensive Cancer Center (Duarte, CA)

Dr. Phillips earned his medical degree from Rush University, followed by a residency in internal medicine at the John H. Stroger Jr. Hospital of Cook County in Chicago. His fellowship training in oncology/hematology took place at University Hospitals in Cleveland. Before joining City of Hope, he was a clinical associate professor at the University of Michigan, where he was appointed the Maria Reinhardt DeCesare Research Professor of Blood Cancers and Bone Marrow Transplantation.
Abstract unavailable at the time of publication

Daniel Pollyea, MD, MS

Clinical Director, Leukemia Service, Associate Chief of Clinical Affairs, Division of Hematology, University of Colorado School of Medicine (Aurora, CO)

Dr. Pollyea attended Indiana University where he received a BS in Biology and then received his medical degree from the University of Chicago Pritzker School of Medicine. He completed an internal medicine residency at the University of Chicago Hospital and then served as Chief Medical Resident at Cook County Hospital in Chicago. He completed a medical oncology and hematology fellowship at Stanford University. He is currently the Clinical Director of Leukemia Services and Associate Chief of Clinical Affairs in the Division of Hematology at the University of Colorado School of Medicine, where he holds the Robert H. Allen MD Chair in Hematology Research.
His work focuses on improving our understanding of the nature of leukemia stem cells and developing drugs that target this population to potentially allow for curative therapies. Dr. Pollyea has served as the Principal Investigator for multiple early-phase and investigator-initiated clinical trials and has received funding for his research from the National Cancer Institute/NIH, American Society of Hematology, the American Society of Clinical Oncology, and the Leukemia and Lymphoma Society. He is currently Chair of the NCCN Guidelines on Acute Myeloid Leukemia.
Abstract unavailable at the time of publication

David Reeves, PharmD, BCOP

Professor of Pharmacy Practice, College of Pharmacy and Health Sciences, Butler University, Clinical Pharmacy Specialist in Hematology/Oncology, Franciscan Physician Network Oncology/Hematology Specialist (Indianapolis, IN)

David is a professor of pharmacy practice for the College of Pharmacy and Health Sciences at Butler University and clinical pharmacy specialist in hematology/oncology at Franciscan Physician Network Oncology/Hematology Specialists in Indianapolis, IN.
Abstract unavailable at the time of publication

Ellen Rovner, MSN, CNP

Indiana University Division of Oncology at both the Simon and Schwartz Cancer Centers (Fishers, IN)

Ellen is a dedicated nurse practitioner with a strong focus on oncology. She earned her Bachelor of Science Degree in Nursing from Bowling Green State University and her Master of Science in Nursing Degree from the University of Cincinnati. Ellen began her oncology career at Mercy Cancer Center of Lima, where she worked from July 2015 to July 2017. Since November 2017, she has been part of the Indiana University Division of Oncology at both the Simon and Schwartz Cancer Centers.

Her expertise lies in plasma cell malignancies, including multiple myeloma, amyloidosis, and related conditions. In collaboration with Dr. Rafat Abonour, Ellen plays a vital role in advancing oncology care through clinical trials involving CAR-T cells, bispecific antibodies, and antibody-drug conjugates. She is a member of the American Academy of Nurse Practitioners, Advanced Practitioner Society for Hematology and Oncology and has been an invited speaker and presenter at various conferences as well as for the Pfizer Educational Video series on the use of T-cell engager therapy.
Abstract unavailable at the time of publication

Amanda Saraf, DO

Pediatric Oncologist at Riley Hospital for Children at Indiana University (Indianapolis, IN)

Dr. Amanda Saraf is a pediatric oncologist at Riley Hospital for Children at Indiana University. She graduated from A.T. Still University Kirksville College of Osteopathic Medicine. Dr. Saraf completed her pediatrics residency at Phoenix Children's Hospital and her Pediatric Hematology and Oncology training at Nationwide Children's Hospital in Columbus, OH. Clinically, she specializes in the care of pediatric patients with leukemia.

Dr. Saraf is the Director of the Fertility, Reproductive and Sexual Health Program within the Division of Oncology at Riley and the Program Director for the Pediatric Hematology Oncology Fellowship Program.
Abstract unavailable at the time of publication

Sonali M. Smith, MD, FASCO

Elwood V. Jensen Professor of Medicine, Section Chief of Hematology/Oncology, Co-Leader of the Cancer Service Line, and Co-Director of the Lymphoma Program at the University of Chicago in the Department of Medicine (Chicago, IL)

Dr. Sonali M. Smith is the Elwood V. Jensen Professor of Medicine, Section Chief of Hematology/Oncology, Co-Leader of the Cancer Service Line, and Co-Director of the Lymphoma Program at the University of Chicago in the Department of Medicine. She is a clinical investigator in lymphoma and a clinical expert in Hodgkin and non-Hodgkin lymphomas. As a faculty member at the University of Chicago since 2001, she has had over 200 publications in peer-reviewed journals and has written over 25 review articles on lymphoid malignancies. She is particularly interested in targeted agents and pathway inhibitors and has first and senior author publications through cooperative group trials and investigator-initiated trials.

She has had many active leadership roles including Vice-Chair of the SWOG Lymphoma Committee since 2014, Chair of the Lymphoma Research Foundation Scientific Advisory Board, immediate past-chair of the ASCO 2022 Scientific Program Committee, and a founding member of the international Women in Lymphoma group. She has given educational lectures at ASH, ASCO, ASTRO, and the International Conference for Malignant Lymphomas (ICML) and is considered a thought leader in

the field. She has won numerous teaching awards, including the ASCO Excellence in Education Award, and considers mentorship a key aspect of her career.
Abstract unavailable at the time of publication

Richard Stone, MD, IO

Lunder Family Chair in Leukemia, Chief of Staff at Dana-Farber Cancer Institute, Director of Translational Research for the Adult Leukemia Program, at DFCI, and Professor of Medicine at Harvard Medical School (Boston, MA)

Richard Stone, MD, is the Lunder Family Chair in Leukemia and Chief of Staff at Dana-Farber Cancer Institute. He is also Director of Translational Research for the Adult Leukemia Program, at DFCI, and Professor of Medicine at Harvard Medical School. Dr. Stone is nationally recognized for translational and clinical research in blood and bone marrow malignancies including acute leukemia, myeloproliferative disorders, and myelodysplastic syndrome (MDS). He has had a significant leadership role in the development of at least five recently approved agents for the treatment of acute myeloid leukemia (AML).

In addition to his work at Dana-Farber, Dr. Stone is a Vice Chair of the National Comprehensive Cancer Network (NCCN) MDS panel and is also a member of the NCCN AML panel. He previously served as the Chair of the Alliance Leukemia Committee, Chair of the Medical Advisory Board of the Aplastic Anemia and MDS International Foundation, and the Chair of the ABIM Oncology Board.

Dr. Stone has participated extensively in teaching medical students, residents, and fellows, as well as a graduate medical education courses on leukemia and related disorders. He is the author of many academic papers that have been published in the New England Journal of Medicine, Blood, Leukemia as well as numerous other journals. He has also served on the editorial boards of Leukemia Research, Blood and Journal of Clinical Oncology.

Dr. Stone earned his medical degree from Harvard Medical School in 1981. He completed his internal medicine residency training and served as Chief Medical Resident at Brigham and Women's Hospital. He completed his hematology-oncology fellowship at Dana-Farber.
Abstract unavailable at the time of publication

Ayalew Tefferi, MD

Barbara Woodward Lips II Professor of Medicine, Mayo Clinic (Rochester, MN)

Dr. Tefferi's research interest is primarily focused on myeloid neoplasms including acute myeloid leukemia and chronic myeloid neoplasms. His web of science core collection publications, as of 9/23/2024, number over 1800 with an H-index of 133. He has participated in hundreds of invited lectureships including service as core faculty for GW, MDACC and Harvard annual board review courses.
Abstract unavailable at the time of publication

Steven P. Treon, MD, MA, PhD, FRCP, FACP

Director, Bing Center for Waldenstrom's Macroglobulinemia (WM), Dana Farber Cancer Institute (DFCI), Professor of Medicine at Harvard Medical School (Boston, MA)

Professor Treon is the Director of the Bing Center for Waldenstrom's Macroglobulinemia (WM) at DFCI and a Professor of Medicine at HMS. Using whole-genome sequencing, his laboratory was the first to clarify the genetic basis of WM by identifying MYD88 (L265P) as a highly recurring somatic mutation in 95% of WM patients. This finding has permitted differentiation of WM from other B-cell malignancies that share overlapping characteristics, and was adopted in WHO and NCCN guidelines as a supportive diagnostic marker for WM. His lab also identified the CXCR4 mutation found in 40% of WM patients. Professor Treon's lab has focused on the development of novel agents to target both mutated MYD88 and CXCR4. His lab was the first to report that Bruton's tyrosine kinase (BTK) was a downstream target of MYD88 L265P mutation, in a study that enabled a clinical trial that led to the investigation, adoption and approval of BTK-inhibitors for WM.

Professor Treon has also made contributions to the investigation and advancement of most novel agents used for the treatment of WM. He served as the PI or co-investigator for prospective clinical trials which included the monoclonal antibodies rituximab and alemtuzumab;

the nucleoside analogue fludarabine with rituximab; the immunomodulatory agents thalidomide, lenalidomide, and pomalidomide with rituximab; the proteasome inhibitors bortezomib and carfilzomib alone and with rituximab; the BTK inhibitor ibrutinib and Zanubrutinib, the CXCR4 antagonists ulocuplomab and mavorixafor in combination with ibrutinib; and the BCL-2 inhibitor venetoclax alone and in combination with ibrutinib. These studies enabled the inclusion of many of these agents into WM Consensus and NCCN Treatment guidelines. These studies also identified drug toxicities particular for or more pronounced in WM patients, including the IgM flare to rituximab, peripheral neuropathy (3-fold higher) to bortezomib, lenalidomide-related aggravated anemia, late immune thrombocytopenia to alemtuzumab, and secondary malignancies associated with nucleoside analogues that impacted treatment guidelines and led to trials examining alternative treatment strategies.
Abstract unavailable at the time of publication

Saad Z. Usmani, MD, MBA

Chief Attending and Member, Myeloma Service Member, Memorial Sloan Kettering Cancer Center, Professor of Clinical Medicine, Weill Cornell Medical College – Cornell University (New York, NY)

Dr. Saad Zafar Usmani received his medical education at Allama Iqbal Medical College in Lahore, Pakistan. He completed a residency in internal medicine at Sinai-Grace Hospital/Wayne State University in Detroit, Michigan and a fellowship in hematology and oncology at the University of Connecticut Health Center in Farmington, Connecticut. He then joined the Myeloma Institute for Research & Therapy, University of Arkansas for Medical Sciences in Little Rock, AR in 2010 as the Director of Developmental Therapeutics and Assistant Professor of Medicine. He was recruited to the Levine Cancer Institute/Atrium Health in 2013 as the inaugural Division Chief of Plasma Cell Disorders and Director of Clinical Research for Hematologic Malignancies where he built an internationally renowned myeloma program. He was then recruited in 2021 as the Chief of Myeloma Service at MSKCC where he leads a team of 13 investigators focused on multiple myeloma and associated disorders.

Dr. Usmani is board-certified in internal medicine, medical oncology, and hematology. He holds membership and leadership roles on national/international committees, including the International Myeloma Working Group, the ALLIANCE Myeloma Committee (Chair), the American Society of Hematology (ASH), the American Society of Clinical Oncology (ASCO), the American Society of Transplant & Cellular Therapy, and the National Cancer Institute Myeloma Steering Committee. Dr. Usmani has served as the Vice-Chair of the SWOG Myeloma Committee and has served as chair for the ASH Scientific Committee on Plasma Cell Neoplasia, and the ASCO Scientific Committee on Plasma Cell Disorders.
Abstract unavailable at the time of publication

Alessandro M. Vannucchi, MD

Full Professor, Hematology, Head of Hematology Department, University of Florence, AOU Careggi (Florence, Italy)

Full Professor of Hematology and Head of the Hematology Department at the University of Florence and AOU Careggi in Florence, Italy, and the Center for Research and Innovation of Myeloproliferative Neoplasms. He holds various appointments at the university, including director of the Specialty School in Hematology and Director of the Center for High Education “DenoTHE”. His research interests are focused on myeloproliferative neoplasms (MPNs) and molecular genetics of myeloid neoplasia. He serves as cochair of the GIMEMA Foundation Working Party on MPN and is principal investigator of the Italian MyNERVA research alliance on MPN and related myeloid disorders.

He sits on the board of the International Working Group for Myelofibrosis Research and Treatment (IWG-MRT), the European LeukemiaNet Work Package 9 for MPN, the European Hematology Association Specialized Working Group on Myeloproliferative Neoplasms and is currently the President of the Italian Society of Experimental Hematology. Dr Vannucchi has authored or co-authored more than 650 peer-reviewed publications, mostly in the field of MPN, and has presented at

several national and international meetings. Since 2017, professor Vannucchi has been listed among the Highly Cited Researchers in Clinical Medicine – Web of Science and the 100-top Italian Scientists. He has been attributed the honor of Commander of Merit of the Republic of Italy in 2023 for his scientific achievements.
Abstract unavailable at the time of publication

Michael Wang, MD, PhD

Michael Wang, MD, PhD Puddin Clark endowed Professor in the Department of Lymphoma and Myeloma at MD Anderson Cancer Center (Houston, TX)
Throughout his 20-year career at MD Anderson, his clinical and translational research has produced numerous scientific discoveries. His clinical expertise is in hematological malignancies, including B-cell lymphoma and myeloma. His research on currently incurable mantle cell lymphoma (MCL) has led to the FDA approval of two Bruton's tyrosine kinase (BTK) inhibitors, ibrutinib and acalabrutinib, for relapsed or refractory MCL. He leads an international trial introducing CAR T-cell therapy to patients with relapsed/refractory MCL that has also led to FDA approval and the Bruin study of the very promising BTK inhibitor pirtobrutinib, and he has launched numerous investigator-initiated trials. His translational laboratory research studies have made far-reaching contributions to the lymphoma field.
He has focused on identifying genetic and molecular signatures associated with MCL diagnosis and progression. He has characterized cellular and molecular heterogeneity within and across patients and delineated the dynamic evolution of both tumor and immune cell compartments in ibrutinib-sensitive and -resistant patients. To promote continued research and treatment of MCL, Dr. Wang established the Mantle Cell Lymphoma Program of Excellence at MD Anderson Cancer Center; it is the world's only center dedicated to the research and treatment of MCL and has become the largest referral center in the world.
Dr. Wang is the founding and current Co-PI of the MD Anderson B-cell Lymphoma Moon Shot Program, with the immediate goal of using clinical, translational, and basic science approaches to double the cure rate of their B-cell lymphoma patients in the next 5-10 years. They are gathering information to fight lymphoma by detecting expression changes, gene mutations, and epigenetic modifications on a genome-wide scale, and using bioinformatics to predict responses to targeted therapy and immunotherapy.
Abstract unavailable at the time of publication

Michael Wiemann, MD, FACP

Vice President, Indy Hematology Education, Inc., Regional President & CEO, Ascension Michigan, Metro West Region, President, Ascension Medical Group (MI) Clinical Professor of Medicine at Michigan State University, College of Human Medicine. (Warren, MI)

Regional President & CEO, Ascension Michigan - Metro West Region and President, Ascension Medical Group (MI) and Clinical Professor of Medicine at Michigan State University College of Human Medicine. Dr. Wiemann is a medical oncologist and Co-Founder of the Indy Hematology Review. While in Indianapolis, he held several leadership positions at St. Vincent Hospital and Health Center, including Medical Director of Oncology, Chief Medical Officer, and Interim President.
Abstract unavailable at the time of publication

Jennifer Woyach, MD

Professor, Division of Hematology, Section Chair of Chronic Lymphocytic Leukemia (CLL), and a Physician Scientist, Ohio State University. (Columbus, OH)
Dr. Jennifer Woyach is a professor and Director of the Division of Hematology, the section chair of Chronic Lymphocytic Leukemia (CLL), and a physician scientist focused on translational research in CLL at the Ohio State University. Her laboratory interests include experimental therapeutics in CLL with a focus on signaling pathways and kinase inhibition. She has extensive experience studying BTK inhibitors, resistance mechanisms associated with irreversible BTK inhibitors, and strategies to overcome resistance.
Abstract unavailable at the time of publication

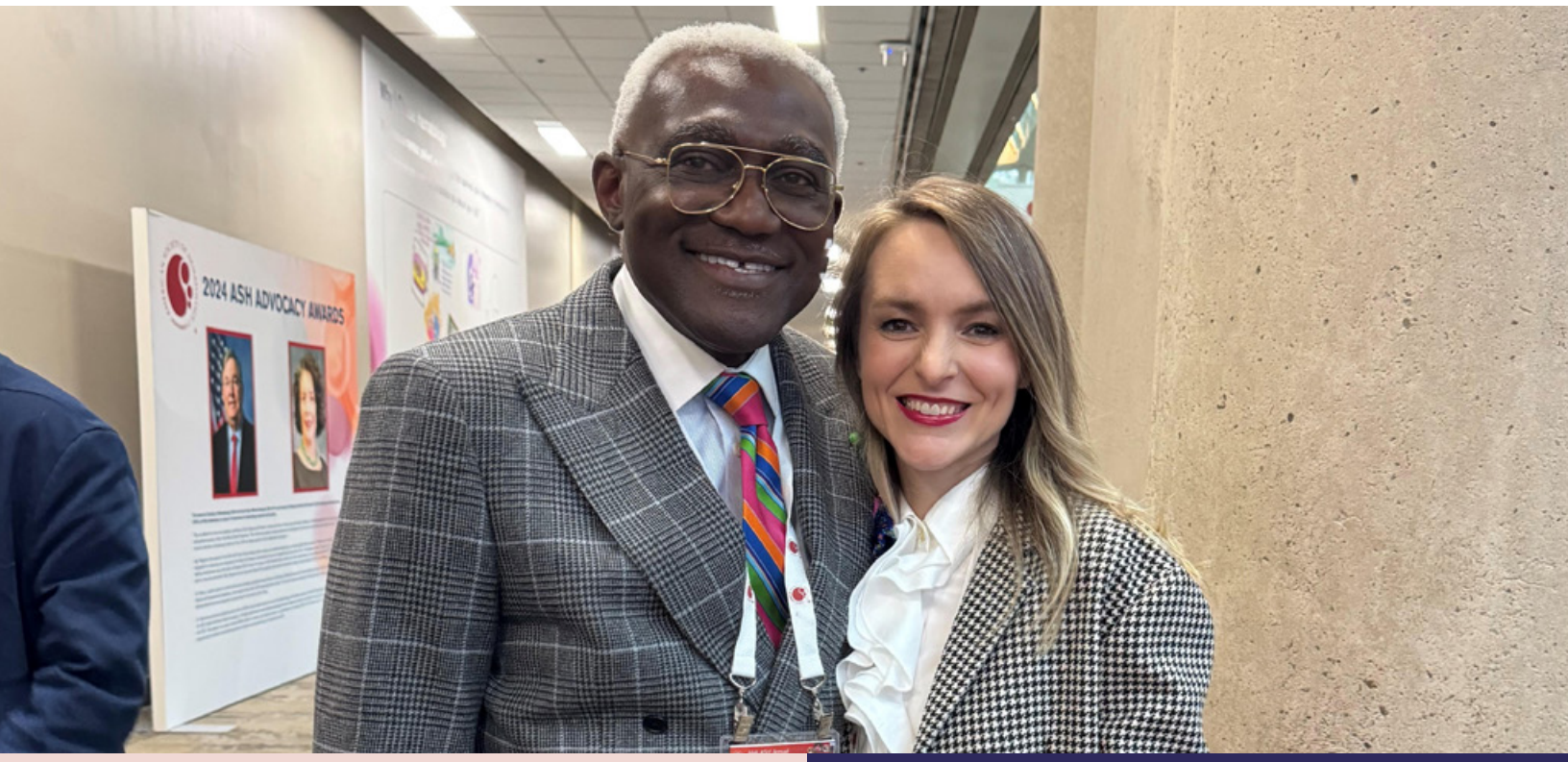
Neal Young, MD

Chief of the Hematology Branch, National Heart, Lung, and Blood Institute (Bethesda, MD)

Neal Young is Chief of the Hematology Branch of the National Heart, Lung, and Blood Institute. His research interests are normal and aberrant hematopoiesis, autoimmunity in hematology,

the genetics and genomics of aplastic anemia and related syndromes, and viral infections of blood forming cells. His career has been wide ranging, from basic molecular biology, virology, immunology, and cell biology to translational research, epidemiology, and pioneering interventional clinical trials. The Hematology Branch clinic is the major American referral center for marrow failure syndromes. Results from his work have deeply informed our understanding of the pathophysiology of human disease and development of effective treatments, for aplastic anemia, paroxysmal nocturnal hemoglobinuria, myelodysplastic syndromes and related diseases.

He has published more than 450 original research articles and 100s of reviews and chapters, including many monographs and more than two dozen articles in the New England Journal of Medicine. His trainees are the current leaders and international experts in the field of marrow failure. His accomplishments have been recognized by the American Society of Hematology with the E. Donnall Thomas and Beutler Prizes, and awards such as the Adolfo Storti Award, the Erasmus Prize, and lifetime honorary membership in the Mexican Society for Hematology. For public service, he received the Heyman Service to America Award for civil service and the Vietnam People's Award for his innovative teaching program in that country. Following a sabbatical term at New College and in collaboration with an Oxford Professor of Philosophy, he has recently published a novel perspective addressing language confusion between authors and editors of scientific journals. Abstract unavailable at the time of publication



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A Conversation with Christopher Flowers, MD: Championing Mentorship and Innovation in Lymphoma Care

Written by Nicola Donelan

Dr. Christopher Flowers, an expert in lymphoma research and chief of the Division of Cancer Medicine at MD Anderson Cancer Center, has dedicated his career to advancing the treatment of lymphoma and fostering the next generation of researchers. In this interview, we explore his career journey, key research contributions, and his passion for mentorship.

Early Influences and Career Trajectory

Dr. Flowers' path to hematology-oncology was shaped by influential mentors, including Dr. Kenneth Melmon, a distinguished physician-scientist and former professor at Stanford University known for his contributions to pharmacology and translational medicine, who guided his early research on the role of clinical investigators in drug development. The findings from this research were published in the early years of Nature Medicine, a groundbreaking achievement as the journal did not exist at the time the research started. This solidified his interest in translational research and setting him on a trajectory toward pioneering contributions in lymphoma treatment.

Further mentorship from renowned figures like Dr. Oliver Press, a distinguished lymphoma researcher known for his pioneering work in radioimmunotherapy, and Dr. Rainer Storb, a renowned expert in stem cell transplantation and immunology, instilled in Dr. Flowers a deep commitment to patient-centered care and the development of novel therapies. Dr. Flowers fondly recalls the personal influence of both mentors: ***"One of the real highlights of my career was a time in Cologne that I spent with Reiner, where he walked me on a tour of churches through the city. He shared the history of Germany, what it was like to be a young investigator there, and how that journey ultimately led him to the United States to conduct research."***

Similarly, Dr. Press demonstrated the profound impact a physician-investigator can have on patients. ***"Dr. Press had a deep and personal relationship with his patients, demonstrating how the work of an investigator could be directly translated to patient care. His compassion and commitment to his patients and their families at the most critical times deeply influenced my decision to pursue a career in oncology."*** His time at Fred Hutchinson Cancer Research Center and later MD Anderson Cancer Center provided opportunities to work with leading experts in immunotherapy, radioimmunotherapy, and stem cell transplantation, all of which influenced his approach to lymphoma care.

Transforming the Treatment Landscape

Dr. Flowers has witnessed a profound evolution in lymphoma treatment over the years. Initially, the field was dominated by chemotherapy and chemoimmunotherapy regimens, but today, targeted therapies and immunotherapy are transforming outcomes for patients with indolent lymphomas. He has played an important role in developing chemotherapy-free regimens as one of the US leads in the clinical trial that led to the approval of zanubrutinib and obinutuzumab, and he was engaged in a trial of BTK inhibitors that were approved for marginal zone lymphomas. Additionally, his group across the Lymphoma Epidemiology of Outcomes Research Consortium has been involved in helping to support the development of bispecific antibodies for patients with relapsed follicular lymphoma. ***"We now have a number of lines of therapy that show that we can give chemotherapy free regimens, and hopefully in the future we'll have ability to string those together in combinations that lead to chemotherapy-free combinations over the course of treatment".***

Mentorship as a Cornerstone of Success

Dr. Flowers has made a profound impact through his dedication to mentoring the next generation of researchers. Over the years, he has mentored more than 70 fellows, medical students, and even high school trainees, many of whom have gone on to become leaders in lymphoma research, including

A Conversation with Christopher Flowers, MD: Championing Mentorship and Innovation in Lymphoma Care CONTINUED

Written by Nicola Donelan

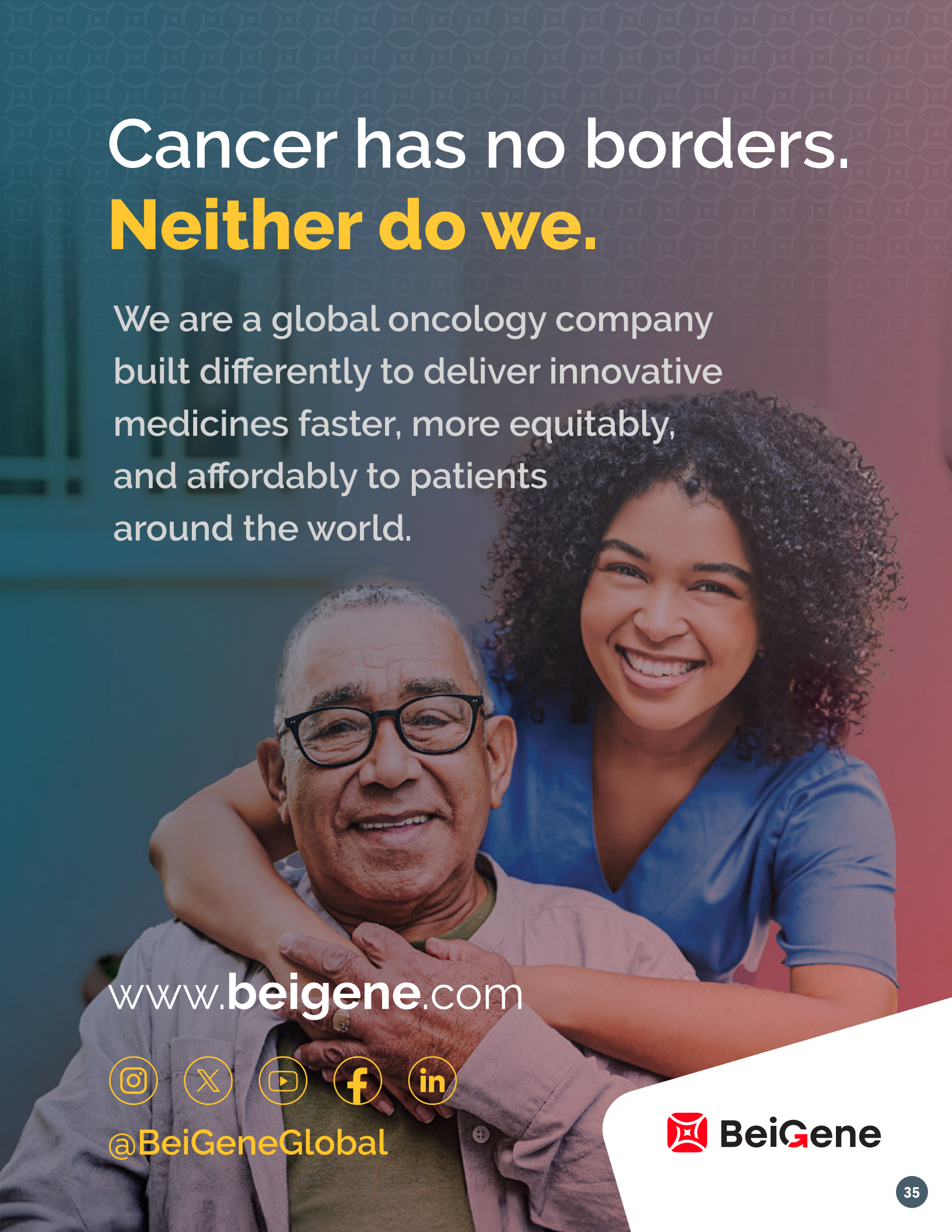
Dr. Carla Casulo, Dr. Alex Herrera, Dr. Paolo Strati, and Dr. Loretta Nastoupil. His mentorship has been recognized with numerous awards, including the Lymphoma Research Foundation Leadership Award (2021), the ASH Mentor Award (2022), and, most recently, the ASCO Jamie Von Roenn Excellence in Teaching and Mentorship Award (2025).

Dr. Flowers' mentorship philosophy is deeply rooted in his experiences with exceptional mentors, and he sees mentorship as a way to give back and strengthen the field. He has played a leading role in institutional T32 and K12 mentorship programs as a faculty member at Emory and at MD Anderson, which have provided invaluable guidance to young oncologists and physician-scientists. Reflecting on his commitment to mentorship, he notes: ***"Mentorship has been a core pillar of my career. I was fortunate to have incredible mentors who guided me, and I feel a responsibility to pay that forward to the next generation."***

Beyond individual mentorship, Dr. Flowers has co-led structured programs such as the ASH Clinical Research Training Institute and the Lymphoma Research Foundation's Scientific Research Mentoring Program, shaping the careers of many young oncologists.

Dr. Flowers continues to foster mentorship by expanding his outreach efforts and engaging with aspiring oncologists through speaking engagements, collaborative research, and hands-on training. His vision remains centered on building a strong network of innovative and compassionate leaders who will shape the future of hematology-oncology for years to come.

His attendance at the Indy Hematology Review marks a milestone as Dr. Flowers has not previously attended the Indy Hematology Review meeting due to scheduling conflicts. However, he has been eager to participate and has been invited by Dr. Birhiray for several years. This year, recognizing the importance of this meeting and the opportunity to engage with other leaders in the field, Dr. Flowers has adjusted his schedule to ensure his attendance. ***"One of the most rewarding aspects of my career has been working with trainees and fellows. Seeing their growth and contributions to oncology gives me immense satisfaction, and I am always excited to meet and engage with the next generation of cancer researchers at events like the Indy Hematology Review."***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T. HOWARD LEE AWARD RECIPIENTS

The late T. Howard Lee, MD, founder and President Emeritus, Hematology Oncology of Indiana, PC (Indianapolis, IN)

The following respected individuals have been presenters and recipients at the T. Howard Lee Keynote Lecture:

2003: Professor Bertrand Coiffier, MD
Bertrand Coiffier is Professor of Hematology at the Department of Hematology, Hospices Civils de Lyon and the University Claude Bernard, Lyon, France, Chairman, GELA

2004: Kanti Rai, MD
Past President of American Society of Hematology, ASH, Chief, Division of Hematology/Oncology, Long Island Jewish Medical Center, Professor of Medicine, Albert Einstein College of Medicine

2005: Claire Dearden, MBBS
Dr Claire Dearden is Consultant Hematologist and Head of the Chronic Lymphocytic Leukemia (CLL) Unit at The Royal Marsden and The Institute of Cancer Research, and Medical Director of the South West London Cancer Network.

2006: Sandra Horning, MD
Professor of Oncology, Sanford University, Past President of The American Society of Oncology, ASCO

2007: Lewis R. Silverman, MD
Director, Myelodysplastic Syndrome and Myeloproliferative Disease Program, Mount Sinai School of Medicine, New York, NY

2008: Neal Young, MD
Chief of the Hematology Branch of the National Heart, Lung and Blood Institute, National Institute of Health, Bethesda, MD

2009: Professor Michael Pfreundschuh, MD
Professor and Director of Medical Oncology, Department of Internal Medicine, Saarland University, and Chairman, German Lymphoma Group

2010: James Armitage, MD
Past President of ASCO, Joe Shapiro Professor of Medicine, and Past Dean, University of Nebraska Medical School, Omaha, NE

2011: Michael Keating, MBBS
Professor of Medicine and Internist, Department of Leukemia, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX

2012: Kenneth Anderson, MD
Kraft Family Professor of Medicine, Department of Medicine, Harvard Medical School, Medical Director, Kraft Family Blood Center, Dana-Farber Cancer Institute, Boston, MA

2013: Susan O'Brien, MD
Ashbel Smith Professor and Chief of the Section of Acute Lymphocytic Leukemia, Department of Leukemia at the University of Texas MD Anderson Cancer Center

2014: Ross Levine, MD
Associate Attending Physician at Memorial Sloan-Kettering Cancer Center, Associate Professor of Medicine at Weill Cornell Medical College, New York, NY

2015: Stephen Ansell, MD, PhD
Professor of Medicine, Mayo Clinic Department of Hematology at the Mayo Clinic, MN

2016: David Porter, MD
Abramson Cancer Center, University of Pennsylvania Health System, Jodi Fisher Horowitz Professor of Leukemia Care Excellence Director, Blood and Marrow Transplantation, Philadelphia, PA

2017: Bruce Cheson, MD
Deputy Chief, Division of Hematology/Oncology in the Department of Medicine, Head of Hematology and Professor of Medicine, Lombardi Comprehensive Cancer Center, Georgetown University Hospital, Washington, DC

2018: Thomas Kipps, MD, PhD
Deputy Director of Research, Moores UCSD Cancer Center; Professor of Medicine UC San Diego, School of Medicine, San Diego, CA

2019: Pier Luigi Zinzani, MD, PhD
Professor of Hematology, Head of Lymphoma Group, Institute of Hematology, "L. e A. Seràgnoli", University of Bologna, Bologna, Italy

2020: Edward Stadtmauer, MD
Professor of Medicine and Section Chief of the Hematologic Malignancies in the Division of Hematology-Oncology at the Hospital of the University of Pennsylvania, Philadelphia, PA

2021: Ranjana Advani, MD
Saul A. Rosenberg Professor of Lymphoma at Stanford University School of Medicine and Physician Leader of the Lymphoma Clinical Care Program, Stanford, CA

2022: Sonali Smith, MD, FASCO
Elwood V. Jensen Professor of Medicine, Section Chief of Hematology/Oncology, Co-Leader of the Cancer Service Line, and Co-Director of the Lymphoma Program at the University of Chicago in the Department of Medicine, Chicago, IL

2023: Gilles Salles, MD, PhD
Chief of the Lymphoma Service at the Memorial Sloan Kettering Cancer Center, New York, NY

2024: Robert Brodsky, MD
Johns Hopkins Family Professor of Medicine and Oncology, Director, Division of Hematology Johns Hopkins University School of Medicine, Baltimore, MD

2025 Christopher Flowers, MD, MS, FASCO
The University of Texas MD Anderson Cancer Center, Division Head of Cancer Medicine, Houston, TX

HONORING THE LIFE AND LEGACY OF DR. T. HOWARD LEE: A PHYSICIAN, MENTOR, AND FATHER WITH COMPASSION AND VISION

Written by Maya Birhiray

In a career spanning decades, Dr. Truman (T.) Howard Lee revolutionized cancer care in the Indianapolis community and exemplified a life dedicated to service, compassion, and mentorship. As a pioneering oncologist, founder of Hematology Oncology of Indiana (HOI), and cherished family man, his influence extended far beyond the clinic walls.

A Pioneer in Oncology and Medicine

Dr. Lee's journey in medicine was shaped by his early life as the son of missionary parents in South America. These formative years instilled in him a deep understanding of service and respect for all people. "He learned at a very early age how to ensure that every human was treated equally and respectfully," reflected Dr. Ruemu Birhiray, CEO of Indy Hematology Education and one of Dr. Lee's mentees.

When Dr. Lee founded HOI, he brought this humanistic approach to his practice, building a culture centered on compassion and inclusivity. At a time when oncology was driven more by clinical intuition than by data, Dr. Lee's vast experience and dedication saved countless lives. Under his leadership, HOI has become one of the city's most diverse and inclusive oncology practices.

"He was ahead of his time," Dr. Birhiray recalled. "Both in terms of his global worldview and kindness, which was second to none." His influence extended beyond patient care, as he trained residents who became accomplished physicians, leaving a lasting mark on the medical community.

Mentorship and Influence on the Medical Community

Dr. Lee's mentorship was legendary. Dr. Birhiray credited him with setting the standard for a selfless, patient-centric approach to medicine. "He always moved beyond just being a patient's doctor," Dr. Birhiray shared. "He made sure he was always there for them beyond just being a doctor." Lee's selflessness and kindness extended beyond his patients as Dr. Birhiray remembers when he first joined HOI; Dr. Lee took the Birhiray family to their first Indy500.

"He took us to the Indy500 out of his coffers, and we went with his family, so he wasn't just kind to you in the office, but he made sure that he brought you into the practice and created a family environment around you."

Despite emphasizing that medicine was not a 9-to-5 job but a lifestyle and frequently referring to the field as "a jealous mistress," Dr. Lee excellently balanced his responsibilities as a physician with his role as a devoted father and husband.

A Devoted Father and Family Man

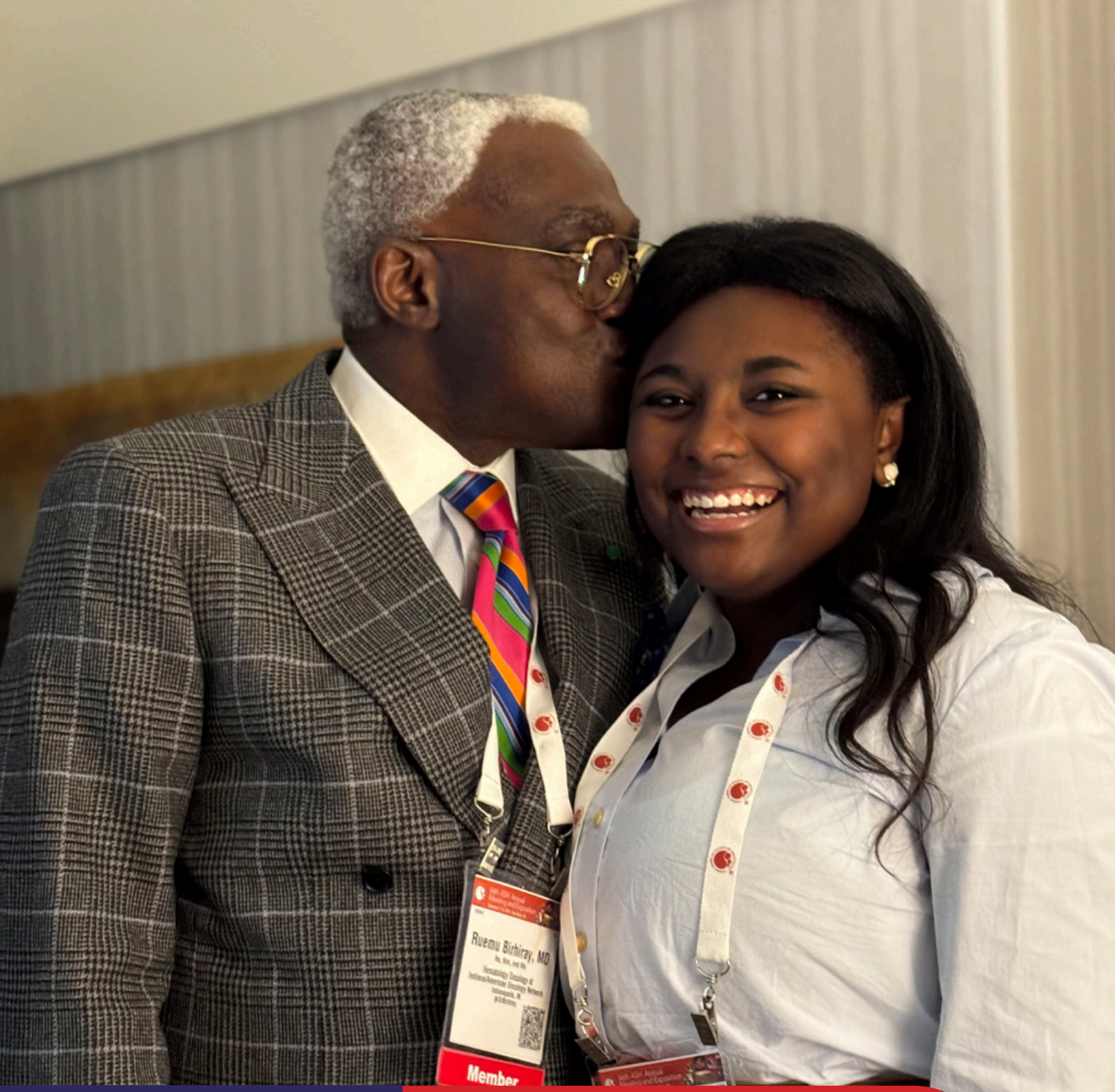
Karen Lee, Dr. Lee's daughter, fondly remembers her father as a man who cherished family adventures and celebrated her accomplishments with pride. "One of my favorite memories was loading up the motorhome and heading out on adventures to the Great Smokey Mountains, Disney World, and the beaches of Florida," she shared. "He always made sure we found memorable activities to do at each location."

Dr. Lee created special moments even at home. Karen reminisced about Sunday Jeep rides with stick-shift driving lessons on dirt roads, always ending with a hot fudge sundae at Dairy Queen. "He was always my biggest supporter," she said. "He loved boasting about me to anyone who would listen."

Dr. Lee's emphasis on education profoundly influenced Karen's life. "He always encouraged me and others to pursue higher education," she noted. "That motivation is a big reason why I pursued my bachelor's and master's degrees."

Commemorating His Legacy Through Education

Indy Hematology Education named its keynote lecture series in honor of Dr. Lee's commitment to education. "Dr. Lee embodied the spirit of our mission to improve outcomes through education," Dr. Birhiray explained. "There was no one else more deserving of this honor."



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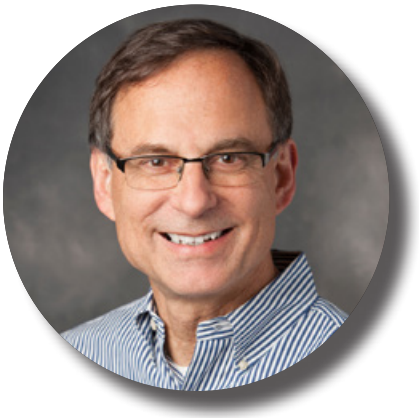
The Renaissance Man: A Tribute to Dr. Steve Coutre: An Interview with Kathy Coutre

Written by Nicola Donelan



In this heartfelt interview, Kathy Coutre shared cherished memories of her late husband, Steve—a remarkable man who left an enduring legacy in the medical field, profoundly impacting his patients, colleagues, students, and those he taught and mentored. I deeply appreciate her willingness to recount these personal stories, even when emotions ran high, and tears were difficult to hold back.

In an era defined by specialization, Steve embodied the timeless ideal of the Renaissance man—a figure who excelled across diverse fields, seamlessly balancing a profound professional legacy with a rich, multifaceted personal life.

Family First

Above all, Steve was a devoted husband and father. Despite his demanding career, he never let work encroach on family time. Each evening, he placed his hospital badge and keys in a drawer, symbolizing the transition from doctor to family man. Whether it was helping his children with homework, attending soccer games, or simply sharing dinner, Steve was fully present. His son Evan fondly recalls their playful football rivalry, with Steve's mischievous grin emerging whenever Stanford triumphed over Evan's alma mater, USC. His daughter Brooke had 6 am crew practices from Monday- Friday, and he always accompanied her. While she rowed, he would go for a run then catch up on the New York Times as he drank his coffee. ***"His colleagues were shocked that he came home from work every night for dinner and that he never worked when he was home, they couldn't understand how he fit it all in,"*** explained Kathy.

Master of Many Trades

At home, Steve was known as the family handyman, gardener, and beekeeper. Living on Stanford's residential campus, he took pride in restoring their nearly century-old house. Whether rewiring basements or restoring antique locks, Steve approached each project with the same precision he applied to his medical career. ***"Back then there was no internet, definitely no YouTube and Steve would read a book on how to do rewiring, and while the newborn twins were napping, he would rewire an entire room"***, Kathy recalled.

His garden was a masterpiece, filled with succulents, aloes, and towering agaves, many of which he planted and nurtured himself. Steve's passion extended to beekeeping, a hobby introduced by a friend, which quickly became a source of joy. With up to eight hives in his yard, he harvested honey twice a year, gifting jars to family, friends, and neighbors. His enthusiasm for sharing this hobby inspired countless others, including his nieces and nephews, who donned bee suits to learn about the fascinating world of pollinators. His ability to immerse himself in every detail of life—from global politics to gardening—was a testament to his insatiable curiosity and boundless energy. ***"He was a multitasker with this incredible energy, he could accomplish in an hour what most people could do in a week,"*** said Kathy.

La Dolce Vita

One of Steve's fondest moments was teaching The History of Cancer at Stanford University's Bing Overseas Studies Program in 2017 in Florence, Italy. It was a coveted position to be chosen as a lecturer for this program, and most professors came from the humanities. He had around 15 students and he considered them his "Italian family". He would invite them over to his apartment for dinners, help them with medical issues and they even did a trip all together to Puglia during the

semester. The 5 months spent in Florence deepened Steve's passion for Italian culture, art, and food, enriching his life in ways that went beyond the classroom.

A Distinguished Career in Medicine
Born and raised in Illinois, Steve's professional journey began at Yale, where he pursued medical training that would set the stage for an illustrious career. Specializing in hematology, he focused much of his work on chronic lymphocytic leukemia (CLL), a disease he himself was later diagnosed with. Renowned for his precision and dedication, he was a beloved figure in the medical community, known for treating each patient with unparalleled attention and care. Steve's approach extended beyond treatment protocols; he was a pioneer in patient-centered care, ensuring that no question went unanswered, and no patient felt overlooked. Beyond patient care, he was an innovator, playing a pivotal role in developing new treatment protocols that improved outcomes for countless patients. He also served on multiple hospital and academic committees, where his high standards and unyielding dedication to progress was admired. He insisted on meaningful advancements, even when met with resistance, underscoring his belief that time was a resource too valuable to waste, especially when it could be spent saving lives.

His Legacy
After his passing, tributes from colleagues and friends highlighted the profound impact he had on their lives. For his patients, Steve was not just a doctor but a source of unwavering support, spending as much time as needed to address their concerns. For his family, these stories offered new insights into the professional world Steve had kept separate, reinforcing his ability to give his full attention to every aspect of his life. Steve's legacy lives on through the annual memorial lectures at the Indy Hematology Review, a testament to his lasting influence in both medicine and community life.

Steve's story is a reminder of the extraordinary things that can be achieved through dedication, curiosity, and compassion—a true Renaissance man in every sense.

Poem by Ranjana Advani, MD for Steve Coutre, MD

Words do not do justice to describe Steve, our beloved friend
A colleague whose life came too prematurely to an end
This void is felt deeply in our hearts
Wherever you are, from us you will never be apart

Steve and I overlapped as fellows in hematology
A twinkle in his eye and characteristic grin, a brilliant colleague
Over the next few decades as faculty, we worked on trials closely together
Sharing the joy as we saw early signs of responses in CLL with the BTK inhibitor
Never afraid to call a spade a spade
He challenged bureaucracy night and day
His mind and thoughts were always precise and defined
His office is pristine with everything perfectly aligned
Where excellence was the way of life and clinical practice
Be it academics or tending to his cactus

There are no words that sum up your measure
You truly were a treasure
A life lived with endless grace and dignity
A role model for the next generations for eternity
Your legacy will be everlasting in the hematology fraternity

Ranjana Advani, MD, Saul A. Rosenberg Professor of Lymphoma, Stanford Cancer Institute

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Ruemu E. Birhiray, MD

Johnson&Johnson

Brentuximab vedotin with lenalidomide and rituximab for relapsed or refractory large B-cell lymphoma

On February 11, 2025, the Food and Drug Administration approved brentuximab vedotin (Adcetris, Seagen Inc., a subsidiary of Pfizer) in combination with lenalidomide and a rituximab product for adult patients with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are ineligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or CAR T-cell therapy. **DRIVE Score: N/A**

Treosulfan with fludarabine as a preparative regimen for alloHSCT in adult and pediatric patients with AML or MDS

On January 21, 2025, the Food and Drug Administration approved treosulfan (Grafapex, medac GmbH), an alkylating agent, with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation (alloHSCT) in adult and pediatric patients 1 year of age and older with acute myeloid leukemia (AML) or myelodysplastic syndrome (MDS). **DRIVE Score: N/A**

Acalabrutinib with bendamustine and rituximab for previously untreated mantle cell lymphoma

On January 16, 2025, the Food and Drug Administration granted traditional approval to acalabrutinib (Calquence, AstraZeneca) with bendamustine and rituximab for adults with previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous hematopoietic stem cell transplantation (HSCT). **DRIVE Score: N/A**

Remestemcel-L-rknd for steroid-refractory acute graft versus host disease in pediatric patients

On December 18, 2024, the Food and Drug Administration approved remestemcel-L-rknd (Ryoncil, Mesoblast, Inc.), an allogeneic bone marrow-derived mesenchymal stromal cell (MSC) therapy, for steroid-refractory acute graft versus host disease (SR-aGVHD) in pediatric patients 2 months of age and older. Ryoncil is the first FDA-approved MSC therapy. **DRIVE Score: N/A**

Fludarabine phosphate for the treatment of adults with B-cell chronic lymphocytic leukemia (CLL)

On November 19, 2024, the Food and Drug Administration approved updated drug labeling for fludarabine phosphate (Fludarabine Phosphate Injection, Sandoz) under Project Renewal, an Oncology Center of Excellence (OCE) initiative aimed at updating labeling information for certain older oncology drugs to ensure information is clinically meaningful and scientifically up to date. This is the third drug to receive a labeling update under Project Renewal. **DRIVE Score: N/A**

Revumenib for relapsed or refractory acute leukemia with a KMT2A translocation

On November 15, 2024, the Food and Drug Administration approved revumenib (Revuforj, Syndax Pharmaceuticals, Inc.), a menin inhibitor, for relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (KMT2A) translocation in adult and pediatric patients 1 year and older. **DRIVE Score: N/A**

Obecabtagene autoleucel for adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia

On November 8, 2024, the Food and Drug Administration approved obecabtagene autoleucel (Aucatzyl, Autolus Inc.), a CD19-directed genetically modified autologous T cell immunotherapy, for adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL). **DRIVE Score: N/A**

Asciminib for newly diagnosed chronic myeloid leukemia

On October 29, 2024, the Food and Drug Administration granted accelerated approval to asciminib (Scemblix, Novartis AG) for adult patients with newly diagnosed Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP). **DRIVE Score: 1**

Isatuximab-irfc with bortezomib, lenalidomide, and dexamethasone for newly diagnosed multiple myeloma

On September 20, 2024, the Food and Drug Administration approved isatuximab-irfc (Sarclisa, Sanofi-Aventis U.S. LLC) with bortezomib, lenalidomide, and dexamethasone for adults with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (ASCT). **DRIVE Score: 3**

Axatilimab-csfr for chronic graft-versus-host disease

On August 14, 2024, the Food and Drug Administration approved axatilimab-csfr (Niktimvo, Incyte Corporation), a colony stimulating factor-1 receptor-blocking antibody, for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg. **DRIVE Score: N/A**

Daratumumab and hyaluronidase-fihj with bortezomib, lenalidomide, and dexamethasone for multiple myeloma

On July 30, 2024, the Food and Drug Administration approved daratumumab and hyaluronidase-fihj (Darzalex Faspro, Janssen Research & Development, LLC) in combination with bortezomib, lenalidomide, and dexamethasone for induction and consolidation in patients with newly diagnosed multiple myeloma who are eligible for autologous stem cell transplant (ASCT). **DRIVE Score: 0**

Epcoritamab-bysp for relapsed or refractory follicular lymphoma

On June 26, 2024, the Food and Drug Administration granted accelerated approval to epcoritamab-bysp (Epkinly, Genmab US, Inc.), a bispecific CD20-directed CD3 T-cell engager, for adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy. **DRIVE Score: N/A**

Blinatumomab as consolidation for CD19-positive Philadelphia chromosome-negative B-cell precursor acute lymphoblastic leukemia

On June 14, 2024, the Food and Drug Administration approved blinatumomab (Blincyto, Amgen Inc.) for adult and pediatric patients one month and older with CD19-positive Philadelphia chromosome-negative B-cell precursor acute lymphoblastic leukemia (Ph-negative BCP ALL) in the consolidation phase of multiphase chemotherapy. **DRIVE Score: N/A**

Imetelstat for low- to intermediate-1 risk myelodysplastic syndromes with transfusion-dependent anemia

On June 6, 2024, the Food and Drug Administration approved imetelstat (Rytelo, Geron Corporation), an oligonucleotide telomerase inhibitor, for adults with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring four or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents (ESAs). **DRIVE Score: N/A**

Lisocabtagene maraleucel for relapsed or refractory mantle cell lymphoma

On May 30, 2024, the Food and Drug Administration approved lisocabtagene maraleucel (Breyanzi, Juno Therapeutics, Inc.) for adult patients with relapsed or refractory mantle cell lymphoma (MCL) who have received at least two prior lines of systemic therapy, including a Bruton tyrosine kinase inhibitor (BTKi). **DRIVE Score: N/A**

Lisocabtagene maraleucel for follicular lymphoma

On May 15, 2024, the Food and Drug Administration granted accelerated approval to lisocabtagene maraleucel (Breyanzi, Juno Therapeutics, Inc.) for adults with relapsed or refractory follicular lymphoma (FL) who have received two or more prior lines of systemic therapy. **DRIVE Score: 3**

Ponatinib with chemotherapy for newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia

On March 19, 2024, the Food and Drug Administration granted accelerated approval to ponatinib (Iclusig, Takeda Pharmaceuticals U.S.A., Inc.) with chemotherapy for adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL). **DRIVE Score: N/A**

Zanubrutinib for relapsed or refractory follicular lymphoma

On March 7, 2024, the Food and Drug Administration granted accelerated approval to zanubrutinib (Brukinsa, BeiGene USA, Inc.) with obinutuzumab for relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy. **DRIVE Score: N/A**

Inotuzumab ozogamicin for pediatric patients with acute lymphoblastic leukemia

On March 6, 2024, the Food and Drug Administration approved inotuzumab ozogamicin (Besponsa, Pfizer) for pediatric patients 1 year and older with relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukemia (ALL). **DRIVE Score: N/A**

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Community MD Anderson is one of a select few partners with MD Anderson, a global leader in cancer care, and the only partner in Indiana. Based in Houston, Texas, MD Anderson has been named one of the nation's top two hospitals for cancer care by US News and World Report every year since the survey began in 1990.

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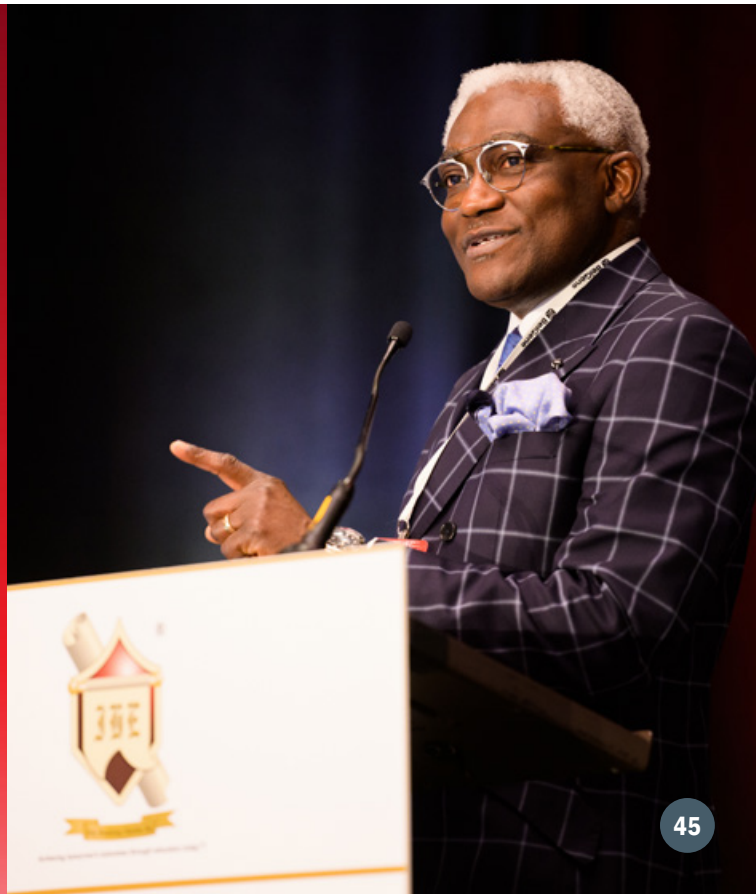


An Interview with Kristi Orbaugh, RN, MSN, RNP, AOCNP: "A Lifelong Journey in Oncology"

Written by Nicola Donelan

Kristi's journey into the field of hematology and oncology is both personal and inspiring. Her interest in oncology began when she was just 13 years old, caring for both her grandmothers during their battles with cancer. Witnessing their resilience and the impact of compassionate care, she knew she wanted to dedicate her life to oncology. After earning her nursing degree at Purdue University, she took an unconventional approach to job hunting: mailing her resume to oncologists and hematologists listed in the yellow pages. Her determination paid off when Dr. Dugan, a prominent oncologist, hired her and later supported her education to become a nurse practitioner. Over 30 years later, Kristi remains a dedicated nurse practitioner, not only providing exceptional care for her patients but also playing a prominent role in educating healthcare providers worldwide.

A Career in Oncology Nursing

From the very beginning of her career until now, Kristi has worked in the same practice, though it has evolved over time with name and location changes. She considers herself fortunate to have found a career where her passion aligns perfectly with her purpose. ***"I feel I'm where I'm supposed to be,"*** she reflects. Kristi's dedication extends beyond her clinical practice. Early in her career, she began educating other healthcare providers. She collaborates with pharmaceutical companies and participates in speaker bureaus alongside Dr. Birhiray. Through these initiatives, she has shared her expertise in managing patient care, toxicities, and emerging treatments.

The Evolving Landscape of Hematology and Oncology

Kristi has witnessed significant advancements in oncological care. When she began her career, treatments were less precise, relying heavily on broad-spectrum chemotherapy. Today, targeted therapies and immunotherapy have revolutionized cancer treatment. These advancements involve identifying molecular drivers of disease and developing drugs to inhibit them, as well as leveraging the patient's immune system to combat cancer. **Despite these innovations, Kristi emphasizes the complexity of modern oncology.** ***"You have to be reading and studying all the time," she says. "How you treat a patient today may not be how you are going to treat them in two weeks."***

Kristi notes that the Indy Hematology review allows attendees to tailor their experience by selecting sessions most relevant to their practice, such as those focusing on specific conditions like multiple myeloma or chronic leukemias. Additionally, there are dedicated sessions for nurses and nurse practitioners, emphasizing practical knowledge and patient care strategies, making it an invaluable resource for staying current in the rapidly evolving field of oncology.

She also mentioned how beneficial it is to join organizations like the Oncology Nursing Society and the American Academy of Nurse Practitioners, as you receive information on important meetings, conferences and research findings that you may not have been previously aware of.

Tackling Toxicities and the Importance of Interdisciplinary Collaboration

One of Kristi's specialties is managing toxicities associated with oral oncolytic—a critical component of modern cancer care. Unlike intravenous therapies administered under medical supervision, oral treatments are taken at home, requiring patients to manage their own schedules and side effects. Kristi stresses the importance of patient education, noting that unaddressed toxicities

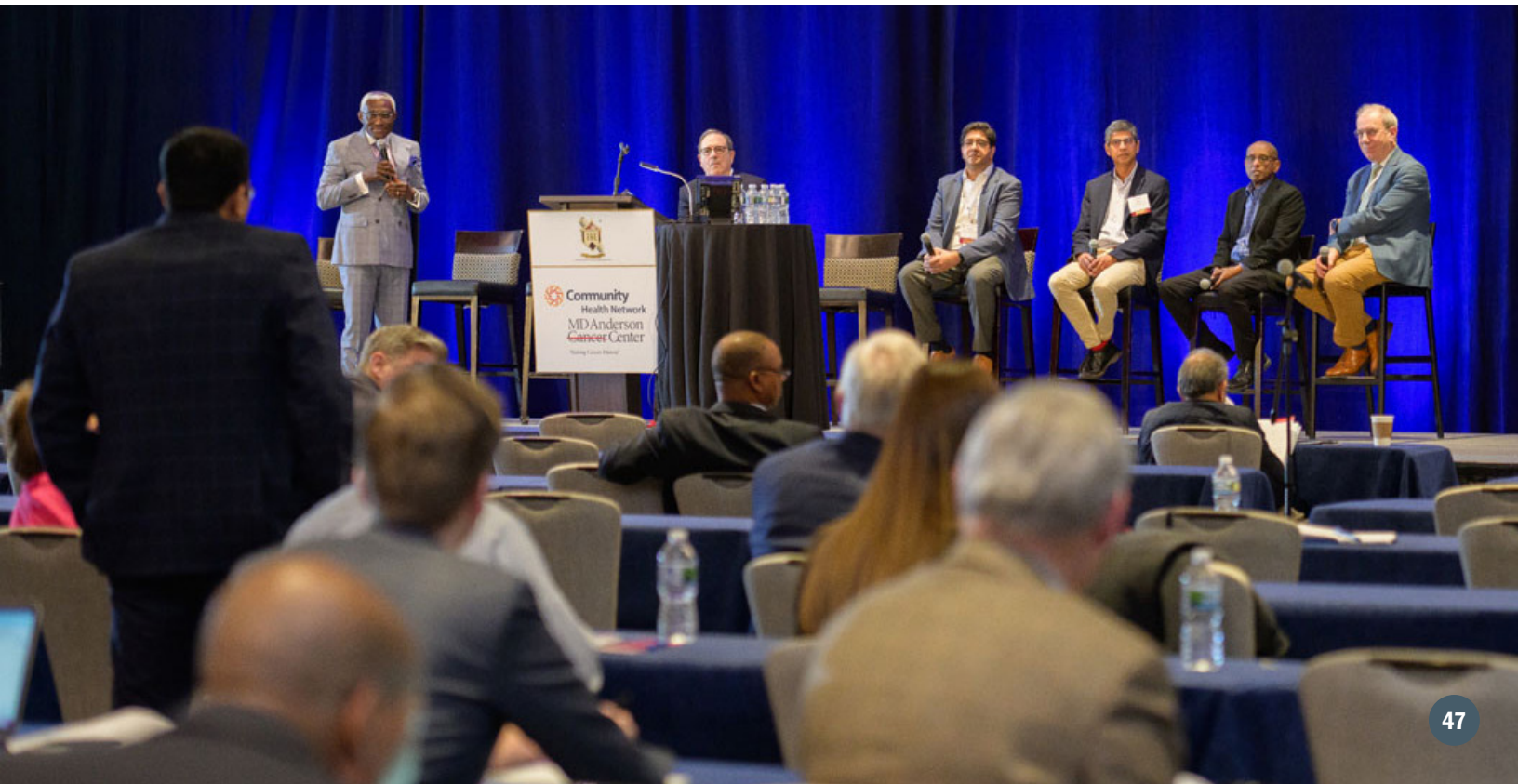
can lead patients to alter their medication regimens without consulting their healthcare team.

In addition to patient education, Kristi highlights the value of interdisciplinary collaboration. Over the past decade, her team has expanded to include cardiologists, pulmonologists, and endocrinologists, who address specific side effects like cardiac toxicity, lung issues, and endocrine disruptions. This team-based approach ensures that patients receive comprehensive care tailored to their unique needs.

Global Outreach and Education
Kristi's commitment to education extends internationally. She has traveled to Eastern Europe to share her expertise, working with local healthcare providers to improve cancer care. **Reflecting on her experience, she says,** ***"The list of medication they have access to is smaller in comparison to the United States, but their passion for patient care is the same."*** She looks forward to returning to Georgia this January to continue these efforts, focusing on education and resource development.

Advice for Aspiring Oncology Nurses
For those considering a career in oncology, Kristi offers heartfelt advice: ***"Oncology and hematology allow you to develop deep, meaningful relationships with patients. You walk through the scariest times in their lives with them, and those connections can last for years."*** She encourages new nurses and nurse practitioners to embrace the challenges of the field and remain committed to lifelong learning.

A Career Rooted in Compassion
Kristi's dedication to hematology and oncology is evident in her work, education efforts, and global outreach. Her story is a testament to the power of compassion, resilience, and continuous learning in transforming the lives of patients and advancing the field of oncology. **As she aptly puts** it, ***"Hematology gets in your blood—and I can't imagine doing anything else."***



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(a) Raise awareness and provide education regarding hematology and oncology diseases and disorders.
(b) To encourage youth to pursue careers in hematology and oncology, and
(c) To connect individuals suffering from or affected by hematology and oncology diseases and disorders to organizations, programs, and service providers.

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EMERGING THERAPIES

WHAT DOES IT ALL MEAN? My thoughts

The Indy Hematology Review 2025 meeting has resulted in the presentation of amazing clinical data that would certainly continue to alter the outcomes of our patients and thus, using education today would ultimately result in improved clinical results in the future. Below are my thoughts on the data presented at the 2025 meeting.

PRACTICE CHANGING:

- Tafasitamab + Len + Rituximab in R/R Follicular Lymphoma
- Time limited therapy in CLL with Acalabrutinib and Ven +/- Obin
- Asciminib as initial therapy in CML
- Brentuximab Vedotin + Len + Rituximab in R/R DLBCL
- No Autologous Transplant Consolidation in Mantle Cell NHL
- Daratumumab in HR-Smoldering Multiple Myeloma
- Belantamab Mafodotin + VD in R/R Myeloma

POTENTIALLY PRACTICE CHANGING:

- Rilzabrutinib in R/R Chronic ITP
- Mitapivat in transfusion dependent β-Thalassemia

PRACTICE CONFIRMING:

- Revumenib in R/R KMT2Ar Acute Leukemia
- Safety of growth factor support in Acute Myeloid Leukemia
- CPX-351 in MDS –Associated AML
- Hydroxyurea in Sickle Cell Disease
- Allogeneic Stem Cell Transplantation in children with Sickle Cell Disease
- Dose reduction of DOACs for long-term management of hypercoagulability

STAY TUNED:

- Ziftomenib and Menin Inhibitors in Acute Leukemia
- Venectoclax in fit patients with AML
- BTG-16673 (BTKi Degrader) in CLL and Waldenström Macroglobulinemia
- Pirtobrutinib as Firstline therapy in CLL
- Divesiran in Polycythemia Vera
- Teclistimab-based Induction Therapy in TE-NDMM
- Sonrotoclax in CLL

Ruemu Ejedafeta Birhiray, MD

Building the Indy Hematology Review: A Personal Perspective from Thalia Hammond

Written by Nicola Donelan

Thalia Hammond has served as the Director of Conventions at the Indy Hematology Review for several years, and she is deeply invested in making it a successful annual event. Thalia's journey with the Indy Hematology Review began during her time at St. Vincent Hospital in Indianapolis, where she worked in physician programs and development. During this period, her mother got diagnosed with cancer, and it was there that she first met Dr. Ruemu Birhiray, who became her mother's oncologist. ***"My mother had so many doctor appointments and the one person she never minded going to see and who always made her feel better was Ruemu,"*** she recalled. She was impressed by his compassion, empathy, and steadfast support during that challenging time. Witnessing his dedication to his patients firsthand solidified her utmost respect for him.

Working in physician programs and development, Thalia was accustomed to assisting doctors or department chairs with organizing conferences; however, when Dr. Birhiray approached her, he had something entirely different in mind. He envisioned a two-day program that combined patient education and physician training, featuring sessions where physicians interacted with patients and answered their questions in small group settings. This innovative approach was unlike anything else being implemented at the time. Dr. Birhiray understood the importance of educating healthcare professionals and the public about hematological conditions. This groundbreaking model has become a defining feature of the program.

However, coordinating such a complex program with multiple stakeholders, including physicians, patients, sponsors, and others, proved to be challenging. Securing funding was also a significant hurdle. Initially, the St. Vincent's Foundation provided substantial support; however, when that funding was no longer available, Dr. Birhiray had to seek alternative sources, which came from the Community Health Foundation. Witnessing Dr. Birhiray 's unwavering commitment to this project was truly inspiring, as he was involved in planning every detail, from coordinating logistics to assembling a world-class faculty featuring renowned experts from institutions like Mayo Clinic, MD Anderson, and Sloan Kettering.

Reflecting on her years of organizing the review, Thalia recalls Ruemu as being "always accessible." She fondly remembers his hands-on approach: ***"If I had questions or needed him to review something, he was always there, always willing to help."*** This collaborative spirit extended beyond the organizing team, fostering a strong sense of community among participating physicians, many of whom became dedicated supporters of the Review. ***"His passion, his excitement, his can-do attitude is just infectious,"*** remarked Thalia.

As the program evolved over time, shifting its focus more toward physician and allied health education. Donna Birhiray, a key collaborator and Dr. Birhiray's wife, played a crucial role in securing sponsorships and managing the program's budget. The introduction of technology, including online platforms and virtual components, also broadened the program's reach and accessibility.

For Thalia, the Indy Hematology Review represents far more than just a medical conference. **It is a testament to the vision, dedication and collaborative spirit of Dr. Birhiray**. This annual event, based on a commitment to advancing medical knowledge, has become an essential resource for the state's hematology oncology community.

Overall, her involvement in the Review has been an immensely rewarding experience. It has enabled her to contribute to a program that directly influences the quality of healthcare in Indiana. Witnessing the dedication of Ruemu and his team and feeling the positive effects of the program on the medical community has been a genuinely fulfilling experience for her.

Looking to the future, ensuring the long-term success of the Indy Hematology Review will require cultivating and mentoring new leaders who share Dr. Birhiray's dedication, vision, and passion. ***"I think Ruemu needs to start thinking about a future successor so that when he retires the meeting goes on, it's almost to the point where it needs to be bigger than Ruemu,"*** explained Thalia. Sustaining this program means carrying forward a mission that profoundly improves the quality of healthcare in Indiana and the greater Mid-West.

CONTINUING EDUCATION INFORMATION

The continuing education portion of this activity is being supported by ineligible companies in the form of independent medical education grants. All companies and relationships will be disclosed and mitigated prior to the start of the activity.

Needs – Multiple topics in Hematology, on the diagnosis and treatment of cancers healthcare providers will see in practice. Review the agenda for specific topics.

Learning Objectives (ACCME, MOC, ANCC, ACPE)
Upon completion of this activity, the participant should be able to:

1. Modify current practice to improve patient outcomes by incorporating the most current therapies for hematologic malignancies.
2. Evaluate the best treatment options for newly diagnosed AML patients.
3. Identify the emerging therapies Myelodysplastic Syndromes and Acute Lymphoblastic Leukemias and discuss how to put these treatment options into practice.
4. Describe treatment options for managing patients with Chronic Myeloid Leukemia in the current landscape.
5. Identify the new treatment options for Myeloid and Lymphoblastic Leukemias and describe how to put these treatment options into practice.
6. Discuss the emerging treatment options for newly diagnosed with Multiple Myeloma and describe how to put these treatment options into practice.
7. Implement the emerging treatment approaches for patients with Relapsed / Refractory Multiple Myeloma and describe how to put these treatment options into practice.
8. Describe the most current treatment options for Waldenstrom's Macroglobulinemia.
9. Adjust their diagnostic and treatment strategies for patients with Amyloidosis to include the latest options beyond Anti-CD38 Antibody therapy.
10. Implement current guidance for the diagnosis and treatment of patients with Complementopathies.
11. Discuss current treatment options for patients with Aplastic Anemia.
12. Describe best practices in the management of patients with classical bleeding and clotting disorders.
13. Identify the most effective cellular therapies needed to manage Sickle Cell Disease.
14. Treat Mantle Cell Lymphomas while navigating the current controversies in managing this disease.
15. Implement optimal treatment strategies for patients with Myeloproliferative Neoplasms in their practice.
16. Improve the management of patients with Chronic Lymphocytic Leukemia in their practice
17. Identify the emerging treatment options for Indolent Lymphoma and describe how to implement these treatment options in practice.
18. Explain how to effectively implement new therapies for Hodgkin Lymphoma.
19. Evaluate the best therapies for treating Aggressive B and T Cell Lymphomas.
20. Explain when to utilize cellular and Bispecific Antibody Therapy in the treatment of patients with Lymphoid Malignancies.
21. Describe how to implement Immune Effector therapies for patients with Multiple Myeloma.
22. Identify the optimal scenarios and timing to refer patients for Hematopoietic transplantation or cellular therapies.

PHYSICIANS

SUCCESSFUL COMPLETION

In order to receive CE, all participants must attend the entire Symposium from 7:30 am – 7:20 pm. AND complete a Post-Evaluation.

Physician Accreditation Statement

This live activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Purdue University College of Pharmacy and Indy Hematology Education, Inc. Purdue University is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

Purdue University College of Pharmacy designates this live activity for a maximum of *10 AMA PRA Category 1 Credit(s)*™. Symposium – 7:30 am – 7:20 pm. Purdue University College of Pharmacy designates this live activity for a maximum of *1.00 AMA PRA Category 1 Credit(s)*™ (Town Hall Interactive Meeting – 7:40 - 8:40 pm). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABIM MOC Part 2

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 10 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

PHARMACISTS

In order to receive CE, you must attend the entire Symposium from 7:30 am – 4:45 pm. Successful completion of this CME activity requires participants to complete a Post-Evaluation.

Pharmacists Accreditation Statement

Purdue University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This is a knowledge based, continuing education activity of Purdue University, an equal access/ equal opportunity institution.

Symposium: 7:30 am – 4:45 pm. Universal Activity Number (UAN): 0018-9999-21-001-L01-P This program is approved for 7.25 contact hours (0.725 CEU's).

Town Hall Interactive Meeting: 7:40 - 8:40 pm. Universal Activity Number (UAN): 0018-9999-25-002-L01-P This program is approved for 1.0 contact hours (0.10 CEU's).

NURSES

Successful completion of this CME activity requires participants attend the entire Symposium AND to complete a Post-Evaluation.

Nurses Accreditation Statement

Purdue University Continuing Nursing Education is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
The **Symposium** is approved for 7.25 contact hours (Symposium: 7:30 am – 4:45 pm).
The **Town Hall Meeting** is approved for 1.0 contact hours (Town Hall Interactive Meeting: 7:40 pm - 8:40 pm).

Faculty and Disclosure / Conflict of Interest Policy – To ensure compliance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education, Purdue University requires that all individuals in a position to control the content of an educational activity disclose all financial relationships occurring within the past 24 months with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. All relevant conflicts of interest identified are thoroughly assessed by Purdue University to ensure fair balance, scientific rigor, and accepted patient care recommendations of the educational activity.

Disclosures will be provided prior to the start of the activity.

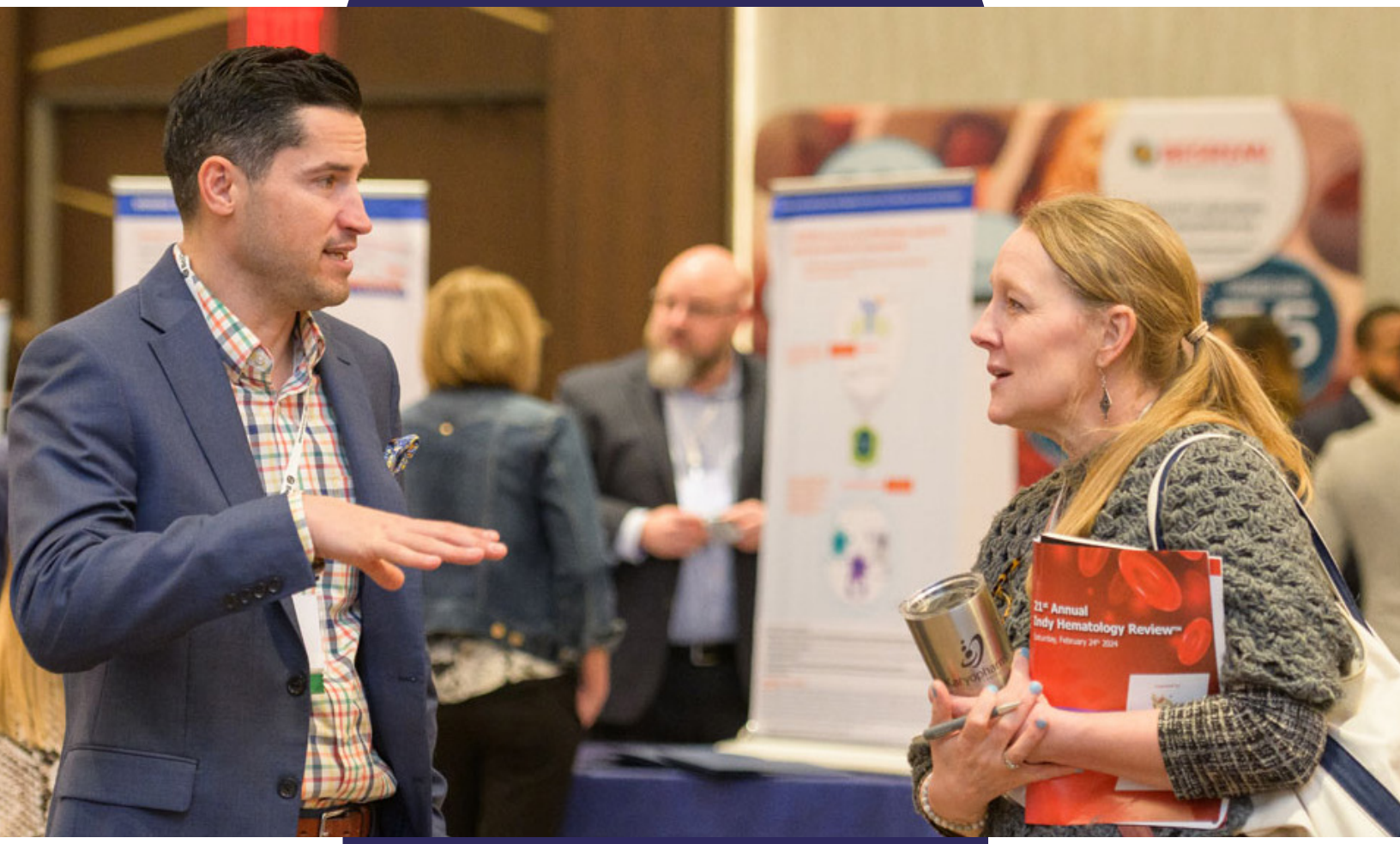
All relevant conflicts of interest will have been mitigated prior to the start of the activity.

None of the planners, reviewers, Indy Hematology Education, and Purdue University College of Pharmacy staff have relevant financial relationship(s) with ineligible companies to disclose unless listed below.

Post Evaluation and Survey

All participants that successfully complete the CME, CNE or CPE activity, and complete the post evaluation component, no later than **March 28, 2025**, are eligible to receive Continuing Education Credits. In addition, participants wanting Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program must also complete the additional post survey, no later than **March 28, 2025**. All Continuing Education Credit/MOC is forfeited if participant does not complete post evaluation and/or survey no later than **March 28, 2025. NO EXCEPTIONS!**

NOTE: While it offers CME credits, this activity is not intended to provide extensive training or certification in the field.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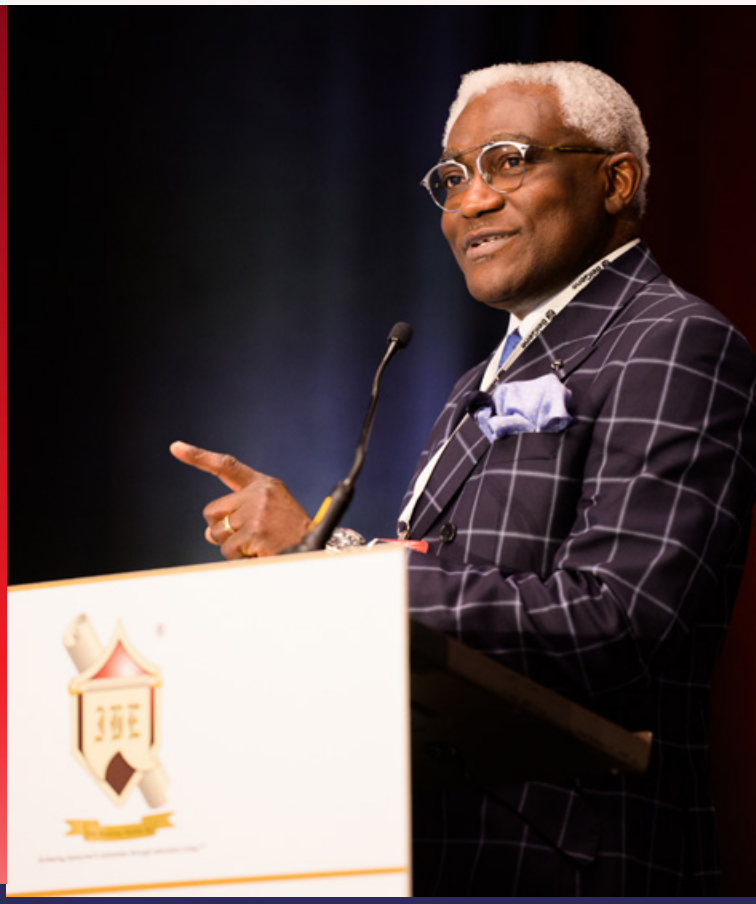

3 ways to contact Indy Hematology Review

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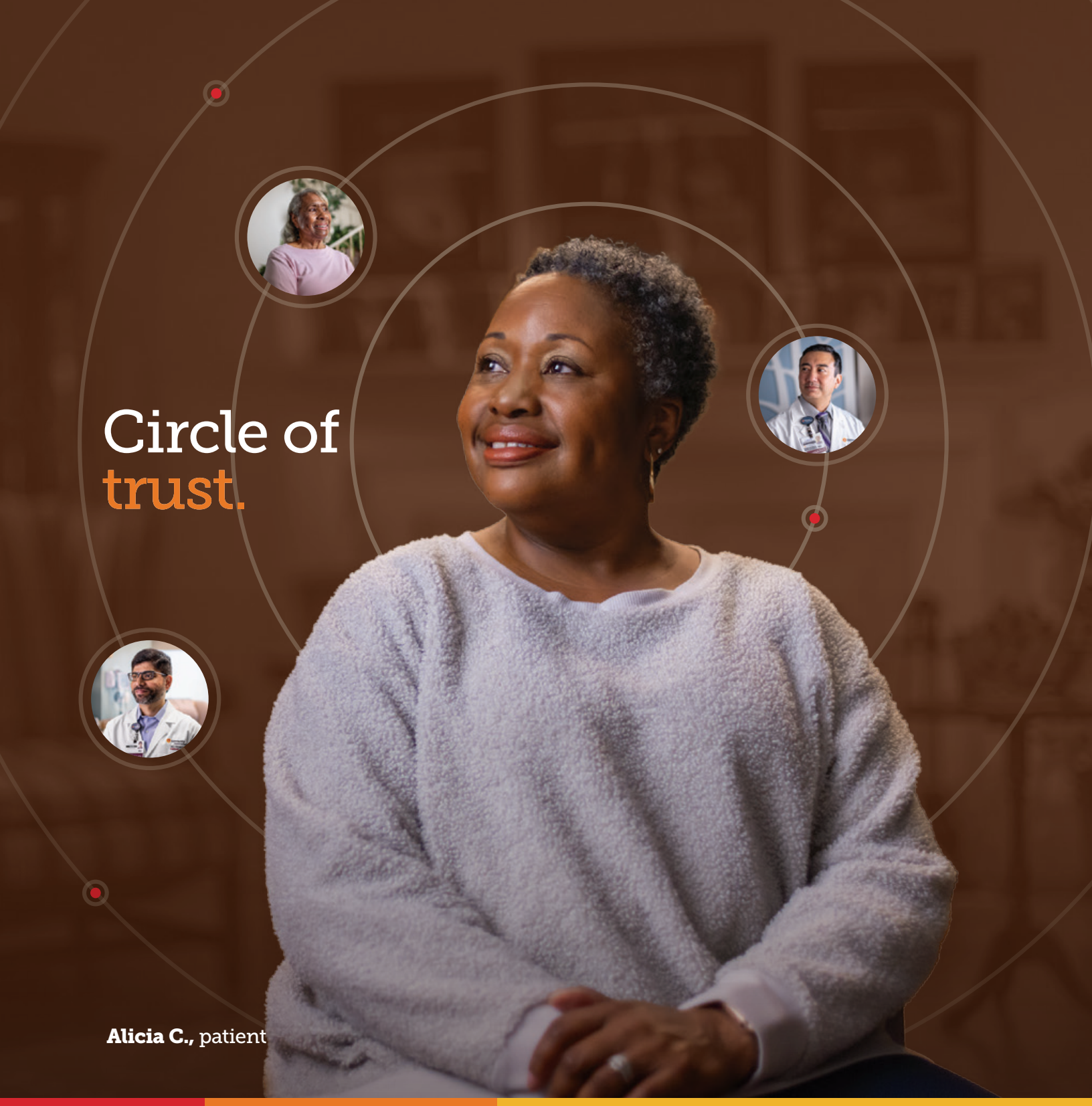

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